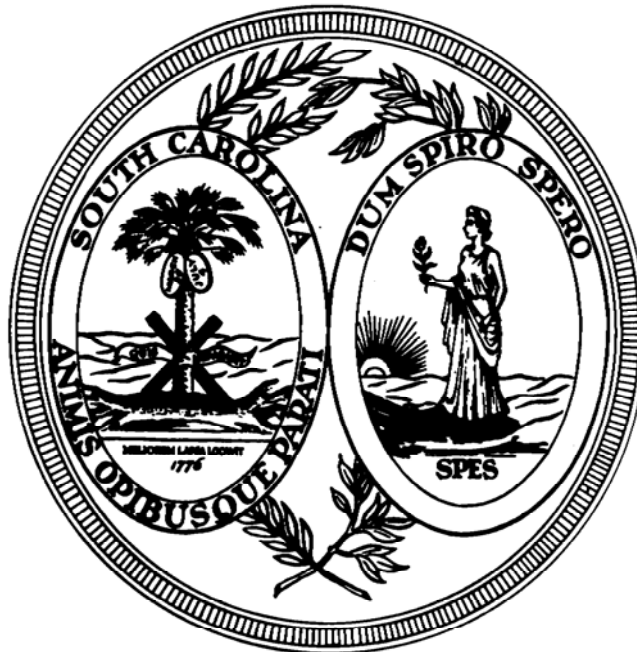




# Regulation Number 61-13

## Standards for Licensing Habilitation Centers For The Mentally Retarded or Persons With Related Conditions



**Promulgated by the Board of Health and Environmental Control**

**Administered by the Division of Health Licensing**

Including Changes

Published in the *State Register*, Volume 16, Issue 3, March 27, 1992

This is a courtesy copy of Regulation R61-13

The official document is on record in the *State Register* and the S.C. Code Ann. (2002). This regulation is provided by DHEC for the convenience of the public. Every effort has been made to ensure its accuracy; however, it is not the official text. DHEC reserves the right to withdraw or correct this text if deviations from the official text as published in the *State Register* are found.

**This copy was updated to correct or note typographical errors between  
the *State Register* and the contents of this regulation on December 5, 2003.**

**STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
EMERGENCY ORDER**

**WHEREAS**, hospitals, nursing homes, and other residential care facilities subject to regulation pursuant to SC Code Ann. §44-7-20 *et seq.* and regulations promulgated pursuant thereto are required to prepare and maintain Emergency Evacuation Plans; and

**WHEREAS** healthcare facility plans must make adequate provisions for:

- (1) Coordinating with sheltering facilities that will receive patients from evacuation areas, so that sheltering facilities named in evacuation plans are aware of that designation and prepared to receive additional patients;
- (2) Demonstrating the capability for transporting residents and patients to sheltering facilities;
- (3) Planning for relocating staff or providing staff at the sheltering facilities;

**WHEREAS** there is a substantial potential that one or more hurricanes will threaten the South Carolina coast during a hurricane season; and

**WHEREAS** the identified deficiencies in facility evacuation plans must be corrected promptly;

**NOW THEREFORE,**

**IT IS ORDERED**, pursuant to SC Code Ann. §44-1-140 that, in addition to the requirements of Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 207; Regulation 61-17, Standards for Licensing Nursing homes, Section B.8.; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1401; Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(8); and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section J.6.a.; Regulation 61-78, Standards for Licensing Hospices, Section 1701; and Regulation 61-93, Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, Section 1502, each facility subject to one or more of the foregoing regulations shall prepare an Emergency Evacuation Plan that conforms to the following requirements:

- (1) (a) A Sheltering Plan for an alternate location to house patients or residents. This Plan shall include: full provision for at least the number of licensed resident or patients beds at that facility; the name, address and phone number of the Sheltering Facility (or Facilities) to which the patients or residents will be relocated during an emergency; a Letter of Agreement signed by an authorized representative of each Sheltering Facility which must include: the number of relocated patients or residents that can be accommodated; sleeping, feeding and medication plans for the relocated patients or residents; and provisions for accommodating relocated staff. The Letter of Agreement must be updated annually and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper and Georgetown Counties, at least one Sheltering Facility must be located in a county other than the six named counties.

(b) In the event a hospital or nursing home is located in an area subject to an order of evacuation and current data from the Army Corps of Engineers indicates the facility will not be affected by the storm surge, the following information must be current and on file with the Department before the facility can be considered for exemption from the mandatory evacuation order:

- (i) A **Critical Data Sheet** must be complete and on file with the Department of Health and Environmental Control which certifies the following:
  - Emergency power supply is available for a minimum of 72 hours;
  - A 72 hour medical supply is available on site;
  - A 72 hour supply of food and water is on site.

The **Critical Data Sheet** website for entering information is located at <http://scangis.dhec.sc.gov/cdatasheet/login.aspx>


- (ii) Adequate staff must be available and on duty to provide continual care for the residents
  - (iii) An engineer's report concerning the wind load the facility should withstand must be on file with the Department;
  - (iv) The facility must request an exemption from the evacuation order from DHEC's Health Licensing Division.
- (2) A Transportation Plan for relocating the patients or residents. The Transportation Plan must include the number and type of vehicles required; how and when they will be obtained; who (by name or organization) will provide drivers; procedures for providing medical support and medications during relocation; the estimated time to accomplish the relocation; and the primary and secondary route to be taken to the sheltering Facility.
- (3) A Staffing Plan for the relocated patients or residents. The Staffing Plan must outline in detail how care will be provided to the relocated patients or residents, including the number and type of staff. If staffing will be provided by the Sheltering Facility, the Staffing Plan must be co-signed by an authorized representative of the Sheltering Facility. If staffing will be provided by the relocating facility, plans for relocating staff or assuring transportation to the Sheltering Facility (Facilities) must be provided.

**IT IS FURTHER ORDERED** that each facility shall communicate and coordinate with local Emergency Preparedness Divisions in the development and implementation of the Emergency Evacuation Plans.

**IT IS FURTHER ORDERED** each facility shall certify to DHEC no later than June 1 of each year that the Emergency Evacuation Plan contains a Sheltering Plan, Transportation Plan, and Staffing Plan complying with the terms of this Order, and shall submit to DHEC the name(s) of the Sheltering Facility (Facilities). A copy of this Order shall be provided to each facility.

**AND IT IS SO ORDERED.**

8-30-04  
Date

  
C. Earl Hunter  
Commissioner



## **DIVISION OF HEALTH LICENSING REGULATIONS**

### **Provider-Wide Exceptions**

In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators. This section may also contain Position Statements that give guidance or interpretations of the regulation.


Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.



January 24, 1997

**MEMORANDUM**

TO: Administrators of Licensed Health Care Facilities

FROM:   
Alan Samuels, Director  
Division of Health Licensing

SUBJECT: Provider-Wide Exception

Various regulations published by this Division address distances from entrance doors to private/semi-private rooms along the line of travel to the nearest exit. These distances vary based upon whether a building is sprinklered. A table within the Standard Building Code indicates the distances which are appropriate for various types of facilities.

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health, safety, and welfare of patients cared for by licensed health care facilities, it has been determined that the distances indicated in the Standard Building Code may be utilized as alternate standards and will be considered acceptable.

This standard will be required in the planning/construction phase of the initial licensing procedure.


AS:GM

cc: Division of Health Facilities Construction  
Alice Truluck, Customer Service Liaison

January 24, 1997

MEMORANDUM

To: All Licensed Facilities

From:   
Alan Samuels, Director  
Division of Health Licensing

Subject: Disaster Shelter

In the event that you provide temporary shelter for evacuees who have been displaced due to a disaster, then for the time of that emergency, it is permissible to temporarily exceed the licensed capacity for your facility in order to accommodate these individuals.

The details of these contingency arrangements should be addressed in your emergency/disaster plan, to include the maximum number of individuals that could be safely and comfortably housed above the licensed capacity of the facility on a temporary basis.

Also, in those instances where evacuees have been relocated to your facility, the Division of Health Licensing must be notified not later than the following work day of those evacuees received.


Should you have any questions, please call us at 803-737-7202.

AS/JML/db

May 20, 1996

## MEMORANDUM

**TO:** Intermediate Care Facility for the Mentally Retarded, Hospital, Nursing Home, and Community Residential Care Facility Administrators

**FROM:** Alan Samuels, Director  
Division of Health Licensing 

**SUBJECT:** Conditions that will allow a provider-wide partial exception to the requirements of Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section C.(2)(a); Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 404.1; Regulation 61-17, Standards for Licensing Nursing Homes, Section C.(2)(a); and Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 302.

Standards outlined in Regulation 61-13, Section C.(2)(a); Regulation 61-16, Section 404.1; Regulation 61-17, Section C.(2)(a); and Regulation 61-84, Section 302., require that facility policies and procedures be reviewed at least annually. During inspections we have routinely checked for documentation which showed that this was done.

In the interest of establishing reasonable standards which do not compromise the health and welfare of residents/patients living in or receiving care in intermediate care facilities for the mentally retarded, hospitals, nursing homes, and community residential care facilities, we have determined that an alternative standard will be allowed.

All intermediate care facilities for the mentally retarded, hospitals, nursing homes, and community residential care facilities, must meet either the standards outlined in their respective licensing standard, **OR**, as an alternative:

Procedures shall be revised as required in order to reflect actual facility practice. Additionally, facilities shall establish a time frame for overall review of all procedures. This time frame shall be documented in facility procedure and overall reviews shall be documented.

**MEMO ADMINISTRATORS**

**May 20, 1996**

**Page 2**

Facility staff shall work together with the appropriate governing body, management, medical staff, and clinical and managerial leaders in developing, reviewing, and revising procedures as needed. This exception does not change any other standards not specifically addressed in this letter.

The standards in Regulation 61-13, Section C.(2)(a); Regulation 61-16, Section 404.1; Regulation 61-17, Section C.(2)(a); and Regulation 61-84, Section 302., will be enforced during inspections, as required either by the regulation or the provider-wide exception. This exception applies to any intermediate care facility for the mentally retarded, hospital, nursing home, or community residential care facility licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call (803) 737-7202.

AS:DG:dg

cc: Alice Truhack, SCDHEC  
Jim Kirby, SCDDSN  
William Yates, SCHA  
Christy Buchanan, SCARCH

Elaine E. Guyton, SCANPHA  
J. Randall Lee, SCHCA  
Louetta A. Slice, SCNHA

November 15, 1996

**MEMORANDUM**

To: Administrators of Licensed Hospitals, Nursing Homes, Intermediate Care Facilities for the Mentally Retarded, Community Residential Care Facilities, Ambulatory Surgical Facilities, Residential Treatment Facilities for Children and Adolescents, Outpatient Facilities for Chemically Dependent or Addicted Persons, Day Care Facilities for Adults and Renal Dialysis Facilities

Alan Samuels, Director  
Division of Health Licensing



**Reportable Accidents/Incidents which must be reported to Health Licensing**

Licensing standards for your facility require you to notify this division in the event of certain accidents and incidents in your facility that are identified on the attachment to this memorandum. Reporting requirements for each facility vary. Despite these differences, we have established a data base to manage the information that has been submitted.

Our Assessment Program is charged with identifying and reviewing trends which impact the licensing of health and other care facilities and programs. At this time, emphasis is being given to the review of reportable accidents and incidents. Upon study of the information maintained in this data base, we anticipate being able to identify trends facilities and programs are currently experiencing. Upon trend identification, we plan to formulate specific courses of action. Those actions might include regulation amendment, promotion of educational opportunities, and to work in partnership with specific facilities regarding quality assurance programs. We are requesting your assistance with compilation of this data. Please review the current format that you are using to report incidents and accidents to insure it provides the following information:

Facility/Program Name	Extent/Type of Injury and How Treated, e.g. hospitalization
Client Age and Sex;	Identified Cause of Incident/Accident
Date of Incident/Accident/Location	Internal Investigation Results if Cause Unknown
Witness Names	Identity of Other Agencies Notified of Incident
	Date of the Report

The attached form for reporting incident reports is provided as a model. Use of this form is at your discretion. It is not intended to replace the form you are using to record incidents. **Regardless of the format you use, please insure that it includes the above noted information.**

**ACCIDENT/INCIDENT REPORT**  
(Attach additional pages if necessary to provide full report)

Facility/Program Name: \_\_\_\_\_  
Client Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date and Time of the Incident: \_\_\_\_\_  
Specific location of the incident: \_\_\_\_\_  
Describe time of last observation and resident condition: \_\_\_\_\_

Incident witnessed by staff \_\_\_\_\_ other clients \_\_\_\_\_ visitors \_\_\_\_\_  
Names of Witnesses: \_\_\_\_\_  
Describe the incident and injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe client and witness statements that assisted in determining the cause of the incident: \_\_\_\_\_

What caused the incident? If undetermined, summarize action to determine cause and investigative conclusions: \_\_\_\_\_  
\_\_\_\_\_

At the time of this report the investigation has not been concluded. Investigative results will be forwarded: \_\_\_\_\_ (Check if applicable.)

Physician: \_\_\_\_\_ Responsible Party: \_\_\_\_\_  
Was the physician notified? Date/Time \_\_\_\_\_ Orders: \_\_\_\_\_  
Responsible Party? Date/Time \_\_\_\_\_  
If the physician and/or responsible party were not notified, please explain why: \_\_\_\_\_

Describe treatment provided at the facility, physician's office, and/or hospital emergency room: \_\_\_\_\_  
\_\_\_\_\_

Was the client hospitalized?(circle) Yes No Where? \_\_\_\_\_

Was the incident reported to other agencies with oversight of the facility/program, e.g., Law Enforcement, Ombudsman, ? No Yes

Agency(ies): \_\_\_\_\_ By letter(s): \_\_\_\_\_ phone: \_\_\_\_\_  
fax(s): \_\_\_\_\_ Date/time: \_\_\_\_\_ Person(s)Contacted \_\_\_\_\_

Describe preventive actions, if any, taken by the facility in response to the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above information to be a true and accurate description of the incident.

\_\_\_\_\_  
Signature and title of person making report

\_\_\_\_\_  
Date

**R61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 206.2:**

A record of each accident and/or incident occurring in the facility, including medication errors and adverse drug reactions, shall be retained. Incidents resulting in death or serious injury, e.g., a broken limb, shall be reported, in writing, to the Division of Health Licensing within ten days of the occurrence.

**R61-17, Standards for Licensing Nursing Homes, Section B.(7) and R61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(7):**

- (a) A record of each accident and/or incident, involving residents, staff or visitors, occurring in the facility or on facility grounds shall be retained. Accidents/Incidents resulting in death or serious injury shall be reported in writing to the Division of Health Licensing within ten days of the occurrence.
- (b) Serious injuries shall be considered as, but not limited to fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and suspected abuse.
- (c) All accidents/incidents shall be reviewed, investigated if necessary and evaluated in accord with facility policy.

**R61-84, Standards for Licensing Community Residential Care Facilities, Section 903, in part,:**

Incidents, accidents and/or sudden illness resulting in death, and serious injury or illness requiring hospitalization shall be reported, in writing to the Division of Health Licensing of the department within 10 days of the occurrence.

**R61-91, Standards for Licensing Ambulatory Surgical Facilities, Section 304. H.:**

The following essential documents and references shall be on file in the administrative office of the facility: . . .

- H. A record of each accident or incident occurring in the facility, including medications errors, and adverse drug reactions. Incidents resulting in serious injury or death shall be reported, in writing, to the licensing agency within 10 days of the occurrence.

**R61-103, Standards For Licensing Residential Treatment Facilities for Children and Adolescents, Section C.(4)(h):**

The following essential documents and references shall be on file in the administrative office of the facility:

- (h) a record of each accident or incident occurring in the facility, including medications errors and drug reactions. Incidents resulting in hospitalization or death shall be reported in writing to the Department within 10 days.

**R61-93, Standards for Licensing Outpatient facilities for Chemically Dependent or Addicted Persons, Section 302.C:**

The administrator shall take all reasonable precautions to assure that no client is exposed to, or instigates such behavior as might be physically or emotionally injurious to himself or to another person at the facility.

1. The facility shall have written plans outlining measures to be taken when any incident resulting in injury or death occurs at the facility.
2. Such incident shall be reported in writing to the S.C. Department of Health and Environmental Control within 5 days of the occurrence.

**R61-75, Standards for Licensing Day Care Facilities for Adults, Section F.(3)(d):**

(d) Incident and Accident reports: A record of each accident or incident occurring in the facility shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the Department within 10 days of the occurrence.

**R61-97, Standards for Licensing Renal Dialysis Facilities, Section 310:**

A record of each accident or incident occurring in the facility, including medication errors and adverse drug reactions shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the licensing agency within 10 days of the occurrence. Accidents and incidents that must be recorded include but are not limited to:

- A. Those leading to hospitalization;
- B. Those leading to death;
- C. Use of the wrong dialyzer on patient;
- D. Blood spills of more than 75ml.;
- E. Hemolytic transfusion reactions;
- F. Reactions to dialyzers.






2600 Bull Street  
Columbia, SC 29201-1708

February 24, 1998

## MEMORANDUM

**To:** Administrators, Intermediate Care Facilities for the Mentally Retarded and Residential Treatment Facilities for Children and Adolescents

**From:** Jerry L. Paul, Director   
Division of Health Licensing

**Subject:** Provider-wide Partial Exception to the Requirements of Regulations 61-13 and 61-103 Regarding Verbal Orders for Medication and Treatment.

Regulation 61-13, Standards For Licensing Habilitation Centers For The Mentally Retarded, Section J(2)(a), requires that, "All physician's orders for medication and treatment shall be recorded in the client's record, signed and dated by the physician or the nurse receiving the orders. All orders (including verbal orders) shall be signed and dated by the prescribing physician or his designee within 48 hours." Regulation 61-103, Standards For Licensing Residential Treatment Facilities for Children and Adolescents, Section G(2), requires that, "All clinical records shall contain the orders for medication and treatment written in ink and signed and dated by the prescriber or his designee. All orders, including verbal orders, shall be properly recorded in the clinical record and dated and signed by the prescriber or designee within 48 hours."

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and welfare of residents cared for in intermediate care facilities for the mentally retarded and residential treatment facilities for children and adolescents licensed in South Carolina, it has been determined that an alternative standard will be considered as acceptable.

All intermediate care facilities for the mentally retarded and residential treatment facilities for children and adolescents will be required to meet the standards outlined in the respective licensing regulations, R61-13, Section J(2)(a), or R61-103, Section G(2), **OR, as an alternative:**

1. A committee, to include representation by a physician treating residents at the facility, a pharmacist, and a designated member of the nursing staff, shall identify and list categories of diagnostic or therapeutic verbal orders associated with any potential hazard to the resident that must be authenticated by the prescriber within a limited time-frame. Schedule II controlled substances must be included on the list. A copy of this list shall be maintained at each nurses' station.

2. The verbal orders designated by the committee as requiring authentication within a limited time-frame shall be countersigned and dated by the prescriber or designee within a time-frame defined in facility policy and procedures, but in no case more than two days after the order was given.

3. All other verbal orders must be countersigned and dated by the prescriber or his designee within 30 days.

This exception applies to any intermediate care facility for the mentally retarded or residential treatment facility for children and adolescents licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department. The standards in R61-13, J(2)(a) and R61-103, G(2), as applicable, or the provider-wide exception, will be enforced during inspections. All other standards in the applicable regulations, R61-13 or 61-103, shall apply unless specifically excepted.

If there are any questions, please contact Dennis Gibbs at 803-737-7370.

JLP/JML/gm

cc: Alice Truluck  
J. Randall Lee, SCHCA  
Sally James, SCDDSN  
Victoria Rinere, SCDMH



2600 Bull Street  
Columbia, SC 29201-1708

October 27, 1998

## MEMORANDUM

**TO:** Administrators, Facilities/Activities Licensed by the Department

**FROM:** Jerry L. Paul, Director   
Health Licensing Section

**SUBJECT:** Conditions that will allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-84 and 90, and Clarification of Requirements of Regulations 61-13, 16, 17, 75, 77, 78, 91, 93, 97, 102, and 103

Standards outlined in Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 204.B; and Regulation 61-90, Standards for Licensing Chiropractic Facilities, Section 204, require that physical examinations for employees prior to employment be conducted by a physician. This standard has been routinely surveyed during licensing inspections for indications that the physicals have been accomplished and by a physician.

Standards outlined in Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B(4)(b); Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 204.B; Regulation 61-17, Standards for Licensing Nursing Homes, Section B(4)(b); Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section C.5.g; Regulation 61-77, Standards for Licensing Home Health Agencies, Section 301.E; Regulation 61-78, Standards for Licensing Hospices, Section 301.B; Regulation 61-91, Minimum Standards for Licensing Ambulatory Surgical Facilities, Section 305; Regulation 61-93, Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons, Section 204.B; Regulation 61-97, Standards for Licensing Renal Dialysis Facilities, Section 305; Regulation 61-102, Standards for Licensing Birthing Centers for Deliveries by Midwives, Section C.5.a; and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section C(5)(a), require that physical examinations for employees be conducted prior to employment. These standards, however, do not address who will conduct the physical.

In the interest of establishing reasonable standards which do not compromise the health, safety, and well-being of clients/participants/patients/residents receiving care/treatment in the above facilities/activities, it has been determined that an alternative standard will be allowed.

All facilities/activities referred to above must meet either the standards outlined in their respective licensing standards, **OR**, as an alternative:

In order to insure that a new employee is medically capable of performing his/her job duties, a health assessment, to include required tuberculin skin testing, shall be conducted prior to direct client/participant/patient/resident contact by one of the following:

- 1) Medical Doctor or Doctor of Osteopathy;
- 2) Physician's Assistant;
- 3) Nurse Practitioner;
- 4) Registered Nurse, pursuant to standing orders approved by a physician as evidenced by the physician's signature. The standing orders must be reviewed annually, with a copy maintained at the facility/activity.

This exception does not change any other standards not specifically addressed in this memorandum. The standards in the above-referenced sections of the appropriate regulations will be enforced during licensing inspections, as required either by the applicable regulation or this provider-wide exception. This exception applies to any of the above facilities/activities licensed by this Department, and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in its revocation by the Department.

Should you have any questions, please call (803) 737-7370.

JLP:GM:

cc:	Alice Truluck, SCDHEC	SC Health Care Association
	Karen Price, Bureau of Certification	SC Home Care Association
	SC Adult Day Services Association	SC Hospital Association
	SC Assoc for Res Care Homes	Hospice for the Carolinas
	SC Board of Nursing	Renal Dialysis Advisory Council
	SCDAODAS	Residential Care Committee
	SC Freestanding Amb Surg Ctr Assoc	SCDDSN
	SCDMH	SCDSS




2600 Bull Street  
Columbia, SC 29201-1708

December 7, 1998

## MEMORANDUM

TO: Administrators of Habilitation Centers for the Mentally Retarded or Persons with Related Conditions (16 beds or more)

FROM: Jerry L. Paul, Director  
Health Licensing Section 

SUBJECT: Provider-Wide Exception to a Standard of Regulation 61-13

Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section W(6) states that in large facilities (16 or more beds), "A signal system shall be provided for each client. The system shall consist of: (a) A call button for each bed, bathroom (reachable from the shower/tub and toilet), toilet room used by clients, and treatment/examining room; (b) A light over each client room door visible from the corridor; (c) A control panel at the control station showing room or bed number; (d) Indicators in utility rooms treatment/examination rooms, medication room, staff lounges, and floor kitchens; (e) Indicators and control panels shall employ an audible and visual signal."

Since these facilities generally have a high staff/resident ratio, and the residents are essentially physically healthy, there is less need for a call system. Therefore, in the interest of establishing reasonable standards which do not compromise the health, safety, and well-being of residents receiving care in habilitation centers with 16 or more beds, these facilities will be required to meet the standard outlined in their licensing regulation, R61-13, Section W(6) or, as an alternative may choose not to install a call system.

The standard in the regulation indicated above will be enforced during inspections should a facility be utilizing a call system, as required by the regulation. This exception applies only to the type of facility named above and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, please call Dennis Gibbs at (803) 737-7370.

JLP/JML

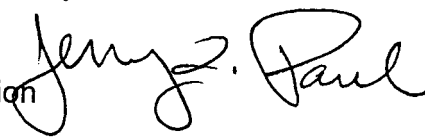
cc: Alice Truluck, Commissioner's Office  
Karen Price, Certification Branch  
Brad Beasley, SCDDSN



December 7, 1998

## MEMORANDUM

TO: Administrators of Nursing Homes, Day Care Facilities for Adults, Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, and Community Residential Care Facilities

FROM: Jerry L. Paul, Director   
Health Licensing Section

SUBJECT: Conditions that will Allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-13, 61-17, 61-75, and 61-84

Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions Section N(6)(d)(2), and Regulation 61-17, Standards for Licensing Nursing Homes, Section K.(11)(d)(5), state that, "No live birds or animals shall be allowed in any food preparation, food storage or dining area." Similar requirements are located in Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section G.6, which states "Management shall ensure that, if pets are kept in or outside the facility, only healthy animals are permitted, provided they are properly cared for, free of contagious disease or sickness, housed in clean facilities, and, if dogs or cats, have required rabies inoculations." In addition, in the community residential care facility (CRCF) setting under the authority of Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 307 requires that, "Healthy animals which present no apparent threat to the health and safety of the residents shall be permitted provided they are properly housed, fed, and cared for, and provided they have the required inoculations."

It has been determined that an alternative standard to the "no birds or animals will be allowed in the dining area" requirement as found in Regulations 61-13 and 61-17 will be acceptable. Habilitation centers for the mentally retarded or persons with related conditions and nursing homes shall meet either the standards outlined in Regulation 61-13, Section N(6)(d)(2), and Regulation 61-17, Section K(11)(d)(5), respectively, or as an alternative:

Pets will be permitted in resident dining/activities areas only under the following conditions:

1. Pets will be allowed in these areas only during times when food is not being served.
2. If the dining/activities area is adjacent to a food preparation or storage area those areas must be effectively separated by walls and closed doors while pets are present.
3. All other requirements related to pets (e.g., pets shall be inoculated or vaccinated as required) must be followed.

In addition, day care facilities for adults and CRCF's may also allow pets in the participant/resident dining area if the standards in Regulation 61-75, Section G.6, and Regulation 61-84, Section 307, and the above conditions are met.

The standards in the regulations indicated above will be enforced during inspections, as required, either by the appropriate regulation or this provider-wide exception. This exception applies only to those types of facilities named above and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, please call Dennis Gibbs at (803) 737-7370.

JLP:DLG:dg

cc: Douglas E. Bryant, Commissioner  
Alice Truluck,  
Karen Price, Certification Branch  
Robert F. Bowles, SCNHA  
Paul Jeter, SCADSA

Bill Trawick, SCANPHA  
J. Randall Lee, SCHCA  
Vicki Rinere, SCDMH  
Christy Buchanan, SCARCH  
Brad Beasley, SCDDSN



December 7, 1998

**MEMORANDUM**

**TO:** Administrators of Hospitals, Nursing Homes, Chiropractic Facilities, Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Residential Treatment Facilities for Children and Adolescents, Ambulatory Surgical Facilities, Day Care Facilities for Adults, Outpatient Facilities for Chemically Dependent or Addicted Persons, and Renal Dialysis Facilities

**FROM:** Jerry L. Paul, Director  
Health Licensing Section

**SUBJECT:** Notification of Temporary Facility Closure and Zero Census

If a facility temporarily closes for any reason, e.g., major painting of the facility interior, storm damage, etc., the Department must be given written notice within a reasonable time in advance of closure. This notification must at least include the reason for the temporary closure, where the residents/patients/clients/participants have been/will be transferred, the manner in which the records are being stored, and the anticipated date for re-opening. This office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to its re-opening, as authorized by the regulation governing the licensing and inspection of the facility.

In addition, in instances when there have been no residents/patients/clients/participants in a facility for a period of 90 days or more for any reason, e.g., unable to secure new admissions, experiencing financial difficulties, etc., the facility must notify the Department in writing that there have been no admission, no later than the 100<sup>th</sup> calendar day following the date of departure of the last active resident/patient/client/participant. At the time of that notification, this office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to any new and/or re-admissions to the facility, as authorized by the regulation governing the licensing and inspection of the facility.

The above-referenced notices shall be sent to the Health Licensing Section, DHEC, 2600 Bull St. Columbia, SC 29201. A notice may be faxed to 803-737-7212. If there are questions, please call 803-737-7370.

JLP/JML/gm

cc: Certification Branch  
Office of Fire and Life Safety  
Office of Certification of Need






June 2, 1999

**MEMORANDUM**

**TO:** Administrators of Chiropractic Facilities, Community Residential Care Facilities, Habilitation Centers For The Mentally Retarded, Nursing Homes, and Residential Treatment Facilities for Children and Adolescents

**FROM:** Jerry L. Paul, Director   
Health Licensing Section

**SUBJECT:** Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-90, Chiropractic Facilities, Section 906.C; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1006.B.3.a; Regulation 61-13, Habilitation Centers For The Mentally Retarded, Section N(2)(b)(1)(a); Regulation 61-17, Standards For Licensing Nursing Homes, Section K(6)(f)(2)(a); Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section I(1)(c)(1)(a)

Regulation 61-90, Section 2501.B, requires that, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 140 degrees F. or above)." Regulations 61-84, 61-13, 61-17, and 61-103 require that "all potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

Chapter II, Section B.1 of the DHEC Regulation 61-25, Retail Food Establishments, requires that "The temperature of potentially hazardous food shall be 45 degrees F. (7.2 degrees C.) or below, or **130 degrees F.** (54 degrees C.) or above, at all times except as otherwise provided in this regulation." It has been determined that the 140 degrees F. high range temperature for unsafe food storage indicated in the afore-mentioned regulations may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All chiropractic facilities, community residential care facilities, habilitation centers for the mentally retarded, nursing homes, and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective

Page 2

PWE - Unsafe food temperature

June 2, 1999

licensing standard, i.e., R61-90, Section 906.C, R61-84, Section 1006.B.3.a, R61-13, Section N(2)(b)(1)(a), R61-17, Section K(6)(f)(2)(a); or R61-103, Section I(1)(c)(1)(a), **or, as an alternative:**

For chiropractic facilities, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 130 degrees F. or above)." For the other facilities identified, "All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

These exceptions apply to any chiropractic facility, community residential care facility, habilitation center for the mentally retarded, nursing home, or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Gene Chestnut at (803) 737-7220.

JPL/JML

cc: Alice Truluck  
Bill Trawick, SCANPHA  
Sandra Lynn, SCARCH  
J. Randall Lee, SCHCA  
Louetta Slice, SCNHA  
Brad Beasley, SCDDSN  
Karen Price, Certification Branch



2600 Bull Street  
Columbia, SC 29201-1708

November 12, 1999

**MEMORANDUM**

**TO:** Administrators of Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded (15 Beds or Less), and Residential Treatment Facilities for Children and Adolescents

**FROM:** Jerry L. Paul, Director  
Health Licensing Section

**SUBJECT:** Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 2501.4.C; Regulation 61-13, Standards For Licensing Habilitation Centers For The Mentally Retarded or Persons with Related Conditions, Section V(1)(e)(3); Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section Q(1)(C)(3).

The sections in the regulations mentioned above for community residential care facilities, intermediate care facilities for the mentally retarded (15 beds or less), and residential treatment facilities for children and adolescents require that the "Hot water supplied to the pot washing sink in the kitchen shall be supplied at one-hundred forty degrees (140 degrees F.)."

It has been determined that the hot water temperature level as currently required at the pot washing sink, in certain instances, may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

Page 2

PWE - Equipment/Utensil Washing Sink Water Temperature

Nov 12, 1999

All community residential care facilities, intermediate care facilities for the mentally retarded (15 beds or less), and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective licensing standard, i.e., R61-84, Section 2501.4.C; R61-13, Section V(1)(e)(3); R61-103, Section Q(1)(C)(3)., **or, as an alternative:**

Hot water supplied to the kitchen equipment/utensil washing sink shall be supplied at 120 degrees F. provided all kitchen equipment/utensils are chemically sanitized.

These exceptions apply to any community residential care facility, intermediate care facility for the mentally retarded (15 beds or less), or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Gene Chestnut at (803) 737-7220.

JPL/JML

cc: Alice Truluck  
Karen Price, Certification Branch  
Bill Trawick, SCANPHA  
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Ken Schull, SCHA  
William Lafferty  
Brad Beasley, DDSN



2600 Bull Street  
Columbia, SC 29201-1708

December 8, 2003

## MEMORANDUM

TO: Hospital; Nursing Home; Intermediate Care Facility for the Mentally Retarded; and, Community Residential Care Facility Administrators

FROM: Leon Frishman, Deputy Commissioner *Leon B. Frishman*  
Health Regulations

SUBJECT: Licensed Bed Capacity During An Emergency

Standards regarding maximum bed capacity are established in the licensing regulations for hospitals, nursing homes, intermediate care facilities for the mentally retarded and community residential care facilities. An example of one such standard is found at § 501. of Regulation 61-16, Standards for Licensing Hospitals & Institutional General Infirmaries, "No facility shall have set up or in use at any time more beds than the number stated on the face of the license except in cases of justified emergencies..." Furthermore, § 502. of Regulation 61-16, addresses the location of beds, "Beds shall not be placed in corridors, solaria or other locations not designated as patient room areas except in cases of justifiable emergencies." Due to recent inquiries the Department is providing guidance on emergency situations and when additional beds (over and above licensed bed capacity) may be set up and utilized.

A facility desiring to temporarily admit patients/residents in excess of licensed bed capacity due to an emergency should do the following:

1. Request that the Department concur that an emergency situation does exist by contacting the:
  - a. Director of the Division of Health Licensing at (803) 545-4370, or;
  - b. Director of the Bureau of Health Facilities Regulation at (803) 545-4370, or;
  - c. Assistant Deputy Commissioner for Health Regulations at (803) 545-4200.
2. The facility should be prepared to:
  - a. outline the maximum number of patients/residents to be temporarily admitted, and;
  - b. an anticipated date for discharge of the temporary patients/residents, and;
  - c. how and where the temporary patients/residents will be housed.

**MEMORANDUM**

**December 8, 2003**

**Page 2**

3. Patients/residents temporarily admitted during a declared disaster will not be required to undergo tuberculin screening or submit to an admission history and physical examination.
4. The facility shall notify the Department when the temporary patients/residents have been discharged.

Other issues such as who will staff the care of the temporary patients/residents, physician orders, additional food for the temporary patients/residents, and handling of medications should be resolved ahead of time by memorandums of agreement, internal policies and procedures, etc.

If we may be of further assistance on this subject, please contact the Division of Health Licensing at (803) 545-4370.

cc: James R. Walker, Jr., SCHA  
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Karen Price, DHEC  
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*Promoting and protecting the health of the public and the environment.*

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Coleman F. Buckhouse, MD

September 22, 2005

## MEMORANDUM

**TO:** Administrators of Hospitals, Nursing Homes, Intermediate Care Facilities,  
Hospice Inpatient Facilities

**FROM:** Dennis L. Gibbs, Director  
Division of Health Licensing

**SUBJECT:** Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-16, Minimum Standards for Licensing Hospitals and Institutional General Infirmaries, Section 504.; Regulation 61-17, Standards for Licensing Nursing Homes, Section D.(6)(b); Regulation 61-13, Habilitation Centers For The Mentally Retarded or Persons With Related Conditions, Section D.(6)(b); Regulation 61-78, Standards for Licensing Hospices, Section 2406.B.

Regulation 61-16, Section 504. requires that, "Hospitals shall provide oxygen for the treatment of patients. When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously and cylinders shall be properly secured in place." Regulation 61-17, Section D.(6)(b) requires that, "When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. All cylinders shall be secured." Regulation 61-13, Section D.(6)(b) requires that, "When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. Cylinders shall be secured." Regulation 61-78, Section 2406.B. requires that, "Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place."

Smoking in healthcare facilities may result in fires and the adoption and enforcement of appropriate smoking policies is essential for effective fire prevention. Many licensed facilities have established "No Smoking" policies and procedures that is an important step in improving the level of fire safety in healthcare facilities. The National Fire Protection Association (NFPA) 99, Standard for Healthcare Facilities, 2002 edition, Section 9.6.3.2.2 states, "In health care facilities where smoking is prohibited and signs are (strategically) placed at all major entrances, secondary signs with no-smoking language shall not be required." Additionally, Section 9.6.3.2.3 states, "The nonsmoking policies shall be strictly enforced."



September 22, 2005

Conditions Allowing a Provider-wide Exception

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients, residents, or clients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable. All hospitals, nursing homes, intermediate care facilities, and hospice inpatient facilities will be required to meet the standard outlined in each facility's respective licensing standard, *i.e.*, Regulation 61-16, Section 504; Regulation 61-17, Section D.(6)(b); Regulation 61-13, Section D.(6)(b); Regulation 61-78, Section 2406.B., or, as an alternative:

Only in "Smoke-Free" facilities, "No Smoking" signs shall not be required in and in the vicinity of patient, resident, or client bedrooms where oxygen is being administered provided all 3 of the following conditions are met:

1. Smoking is prohibited; and
2. The facility nonsmoking policy is strictly enforced; and
3. "Smoke-Free" signs are strategically placed at all major entrances.

"No Smoking" signs will still be required in and in the vicinity of patient, resident, or client bedrooms where oxygen is being **stored, as well as all other required areas of the facility.**

These exceptions apply to any hospital, nursing home, intermediate care facilities, or hospice inpatient facility licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to these exceptions may result in revocation of these exceptions by the Department.

If there are questions, please call 803-545-4370.

DLG/REL/jml

cc: Bureau of Certification  
Fire and Life Safety Program  
Division of Certification of Need



## TABLE OF CONTENTS

<b><u>SECTION</u></b>	<b><u>PAGE</u></b>
A. Definitions and Interpretations .....	1
(1) Definitions.....	1
(2) Interpretations.....	4
(3) Penalties.....	5
B. Management.....	7
(1) Application.....	7
(2) Licensee .....	7
(3) Facility Management .....	7
(4) Employees.....	8
(5) Volunteer Workers.....	10
(6) Emergency Call Data.....	10
(7) Reports and Records.....	10
(8) Disaster Preparedness .....	11
(9) Client Rights .....	11
C. General Policies.....	11
(1) Number and Location of Beds .....	11
(2) Client Care Policies .....	11
D. Client Care.....	12
(1) Training and Habilitation .....	12
(2) Admissions .....	12
(3) Physican Services .....	13
(4) Dental Services .....	13
(5) Infection Control .....	14
(6) Oxygen.....	14
(7) Personal Hygiene .....	14
E. Nursing and Direct Care Services.....	14
(1) Organization .....	15
(2) Nursing Personnel .....	15
(3) Staffing Requirements .....	15
(4) Procedure Manual .....	16
F. Social Services.....	17
G. Client Activities .....	17
H. Therapeutic and Other Services .....	18
I. Pharmaceutical Services .....	18
(1) General.....	18
(2) Medication Review .....	19
(3) Dispensing, Labeling and Storing Medications .....	19

<b><u>SECTION</u></b>	<b><u>PAGE</u></b>
(4) Control and Accountability .....	20
(5) Stop-Order Policies .....	21
(6) Medical Emergency Treatment.....	21
(7) Conformance with Orders.....	22
(8) Medication Errors and Adverse Drug Reactions.....	22
J. Client Record Contents .....	22
(1) Client Records .....	22
(2) Physicians' Orders.....	23
(3) Record Storage .....	24
(4) Rubber Stamp Signature .....	24
K. Vital Statistics.....	24
(1) Vital Statistics .....	24
(2) Death Certificates .....	24
L. Living Accommodations .....	25
(1) General.....	25
(2) Client Room Furnishings .....	25
M. Maintenance, Housekeeping and Refuse Disposal .....	25
(1) Maintenance .....	25
(2) Housekeeping.....	25
(3) Refuse Disposal .....	26
(4) Linen Storage .....	27
N. Food Service.....	27
(1) Approval .....	28
(2) Food .....	28
(3) Personnel .....	29
(4) Food Equipment and Utensils.....	29
(5) Sanitary Facilities and Controls .....	31
(6) Other Facilities and Operations .....	32
(7) Approval, Inspection and Enforcement.....	33
O. Fire Protection .....	33
(1) Arrangements for Fire Department Protection .....	33
(2) Test and Inspections .....	33
(3) Special Hazards .....	34
(4) Corridor Obstructions .....	34
(5) Exit Sign Illumination .....	34
(6) Corridor and Stairway Illumination.....	34
(7) Plans and Training for Fires and Other Internal Emergencies.....	34
P. General .....	35

<b><u>SECTION</u></b>	<b><u>PAGE</u></b>
Q. Design and Construction .....	35
(1) General.....	35
(2) Local and State Codes and Standards .....	35
(3) Submission of Plans and Specifications .....	36
(4) Location of Facility.....	39
(5) Communication.....	39
R. General Construction Requirements.....	39
(1) General Construction Requirements .....	40
(2) Fire Resistive Rating .....	40
(3) Vertical Openings .....	40
(4) Fire Walls .....	40
(5) Interior Floor Finish.....	40
(6) Ceiling Openings .....	40
(7) Screens .....	40
S. Hazardous Elements of Construction.....	40
(1) Furnaces and Boilers.....	40
(2) Dampers.....	41
(3) Incinerators.....	41
(4) Flammable Liquids .....	41
(5) Storage Areas.....	41
(6) Hoods, Vents and Ducts .....	41
T. Fire Protection -- Institutional Occupancy .....	41
(1) Automatic Sprinklers.....	41
(2) Fire Alarms .....	42
(3) Smoke Detectors .....	42
(4) Smoke Detectors -- Residential and Residential Dormitory Occupancy ...	42
(5) Fire Extinguishers and Standpipes .....	43
U. Exits.....	43
(1) Number and Locations .....	43
(2) Corridors.....	43
(3) Doors.....	44
(4) Ramps .....	44
(5) Smoke Partitions .....	45
(6) Stairs .....	46
V. Plumbing.....	46
(1) Water Supply .....	45
(2) Wastewater.....	47
(3) Fixtures.....	47
W. Electrical Requirments .....	48
(1) Installation .....	48

<b><u>SECTION</u></b>	<b><u>PAGE</u></b>
(2) Switchboards and Power Panels .....	48
(3) Panelboards .....	49
(4) Lighting .....	49
(5) Receptacles .....	49
(6) Staff Call - Large Facilities .....	50
(7) Exit Signs .....	50
(8) Emergency Electrical Service for Large Facilities .....	50
X. Mechanical Requirements .....	51
(1) General .....	51
(2) Ductwork .....	52
(3) Steam and Hot Water Systems .....	52
(4) Heating, Ventilating and Air Conditioning (HVAC) Systems .....	52
(5) Other Piping Systems .....	55
Y. Facilities .....	55
(1) Floor, Wall and Ceiling Material .....	55
(2) Draperies .....	55
(3) Wastebaskets .....	55
(4) Handrails/Guardrails .....	56
(5) Glass in Windows and Mirrors .....	56
(6) Client Rooms .....	56
(7) Control Station .....	57
(8) General Storage .....	57
(9) Utility Rooms - Large Facilities .....	57
(10) Laundry - Large Facilities .....	57
(11) Soiled Linen Storage - Large Facilities .....	57
(12) Janitor's Closet - Large Facilities .....	58
(13) Recreation and Dining Areas - Large Facilities .....	58
(14) Recreation and Dining Areas - Small Facilities .....	58
(15) Elevators .....	58
(16) Field Inspection Tests .....	59
(17) Inspections .....	59
Z. Kitchen Construction Requirements .....	59
(1) Residential Grade Kitchen .....	59
(2) Commercial Grade Kitchen .....	60
AA. General .....	63

## **61-13. Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions.**

### **A. Definitions and Interpretations.**

(1) Definitions: For the purpose of these standards the following definitions shall apply:

(a) "Accident/Incident" shall be considered as, but not limited to, medication errors, adverse drug reactions, missing residents, and verbal or written threats to harm the health and welfare of the residents.

(b) "Active treatment" means a continuous process which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:

(1) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible.

(2) The prevention or deceleration of regression or loss of current optimal functional status.

(c) "Attic" means the space between the finished ceiling of the top habitable story and the roof sheathing or decking.

(d) "Automatic sprinkler system" means an arrangement of piping and sprinklers designed to operate automatically by the heat of fire and to discharge water upon the fire.

(e) "Basement" means that portion of the building having less than half its clear height above the average grade of the adjoining ground.

(f) "Client" means any person residing in a licensed facility.

(g) "Control station" means an area of a facility which is the central focus of client management, nursing function, and service for a client living area. A control station may also be used for administrative functions by other disciplines which provide services to the clients of the facility. A control station shall not serve more than 44 beds. (See Section Y.(7) also.)

(h) "Department" means South Carolina Department of Health and Environmental Control.

(i) "Designee" means a physician, dentist, osteopath or podiatrist selected by a prescriber to sign orders for medication or treatment in the prescriber's absence.

(j) "Existing facility" means one which was in operation and/or which began the construction or renovation of a building with approved plans for the purpose of operating the facility prior to adoption of these standards. The licensing standards governing "new facilities" apply if and when an "existing facility" is not continuously operated and licensed under these Standards or is an existing building going to be licensed for the first time.

(k) "Exit" means that portion of a means of egress which is separated from the area of the building from which escape is to be made, by walls, floors, doors or other means which provide the protected path necessary for the occupants to proceed with safety to the exterior of the building.

(l) "Fire-resistive rating" means the time in hours or fractions thereof that materials and their assemblies will resist fire exposure as determined by fire tests conducted in compliance with recognized standards, i.e., NFPA, ASTM.

(m) "First floor" means that story which is of such height above grade that it does not come within the definition of basement or that story located immediately above a basement.

(n) "Habilitation center (for the mentally retarded or persons with related conditions)" means a facility that serves four or more mentally retarded persons or persons with related conditions and provides health or rehabilitative services on a regular basis to individuals whose mental and physical conditions require services including room, board, and active treatment for their mental retardation or related conditions. Habilitation centers will provide ICF/MR services.

(o) "Institutional Occupancy" means that all facilities shall be licensed as institutional occupancy which house six (6) or more clients who need physical assistance to evacuate the building.

(p) "Licensee" means the legal entity with whom rests the ultimate responsibility for maintaining approved standards for the facility.

(q) "Mental retardation" refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

(r) "New facility" means one which began operation and/or one which began construction or renovation of a building for the purpose of operating the facility after adoption of these standards.

(s) "Other related conditions" means conditions in which individuals have a severe, chronic disability that meets the following conditions:

(1) It is attributable to:

(a) Cerebral palsy or epilepsy or

(b) any other condition (including autism), other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.

(2) It is manifested before the person reaches age 22.

(3) It is likely to continue indefinitely.

(4) It results in substantial functional limitations in three or more of the following areas of major life activity:

- (a) Self-care;
- (b) Understanding and use of language;
- (c) Learning;
- (d) Mobility;
- (e) Self-direction;
- (f) Capacity for independent living.

(t) "Qualified Mental Retardation Professional (QMRP)" means an individual who possesses the following minimal qualifications:

(1) Has at least one year of experience working directly with persons with mental retardation or other developmental disabilities.

(2) Is one of the following: a doctor of medicine or osteopathy, a registered nurse or an individual who holds at least a bachelor's degree in one of the following professional categories:

- (a) Occupational therapy;
- (b) Occupational therapy assistant;
- (c) Physical therapy;
- (d) Physical therapy assistant;
- (e) Psychology;
- (f) Sociology;
- (g) Speech-language pathology or audiology;
- (h) Recreation;
- (i) Dietetics;
- (j) Human services.

(u) "Story" means that portion of a building included between the upper surface of any floor and the under surface of the floor or roof next above. For the purpose of these standards, this definition does not apply to basements.

(2) Interpretations.

(a) License required for facility operation: No facility shall be established, conducted or maintained in the State without first obtaining a license therefor in the manner herein prescribed. (l)

(b) A license is issued pursuant to the provisions of Sections 44-7-250 et seq. of the South Carolina Code of Laws of 1976, as amended, and the standards promulgated thereunder. Each license will specify the number of beds authorized for occupancy. The license certificate shall be posted in a conspicuous place in a public lobby, waiting room, or other area immediately accessible to public view. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of a facility. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws of the State of South Carolina.

(c) Effective date and term of license: A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a facility that has not been inspected during that year may continue to operate under its existing license until an inspection is made.

(d) Separate licenses are required for facilities not maintained on the same premises. Separate licenses may be issued for facilities maintained in separate buildings on the same premises. Each building of a licensed facility must be staffed in accordance with Section E.

(e) Licensing Fee: Each applicant shall pay an annual license fee prior to issuance of the license. The fee shall be five dollars per bed.

(f) Facilities Exempt from these Standards: Any facility which is owned and operated by the federal government.

(g) Inspection: All facilities to which these requirements apply shall be subject to inspection at any time without prior notice by properly identified personnel of the Department. Medical records, statistical reports, accident/incident reports, and other documents required by the regulations shall be maintained and available for review during an inspection.

(h) Initial License: A new facility, or one that has not been continuously licensed under these or prior standards, shall not admit clients until it has been issued an initial license. An initial license will not be issued until the applicant has demonstrated to the satisfaction of the Department that the facility is in compliance with the licensing standards set forth hereunder.

(i) Noncompliance: When a noncompliance of the licensing standards is detected by means of inspection or investigation, the applicant or licensee will be notified of the violation and at the same time required to provide information as to when such items will be corrected.



(j) Exceptions to Licensing Standards: The Department reserves the right to make exceptions to these standards where it is determined that the health and welfare of the community requires the services of the facility and that the exception, as granted, will have no significant impact on the safety, security or welfare of the facility's occupants.

(k) Change of License: A facility shall request issue of an amended license, by application to the Department, prior to any of the following circumstances: (II)

- (1) Change of ownership by purchase or lease.
- (2) Change of facility's name or address.
- (3) Addition or replacement of licensed beds.
- (4) Reduction of number of licensed beds.

(l) Types of Construction: Habilitation Center buildings will be built to construction requirements determined by the level of care provided and the requirements of the Standard Building Code. In these regulations facilities are further classified as "small" facilities and "large" facilities:

(1) Institutional Occupancy is a building or portion of a building designed and built to provide medical care and sleeping facilities to six or more persons who are not capable of self-preservation because of a physical or mental disability. All facilities which have six or more clients who need physical assistance to evacuate the building shall be institutional occupancy.

(2) Residential Occupancy is a building or portion of a building designed and built to provide care and services to two or more unrelated persons over a period exceeding twenty-four hours who have need of regular care but have mental and physical capabilities for self preservation.

(a) Facilities of five (5) sleeping beds or less will be classified as "Residential Occupancy" and will follow the requirements in the Standard Building Code for "Residential Occupancy". If there is live-in staff, the bed(s) for the staff are counted as a "sleeping bed" but not as a "licensed bed".

(b) Facilities of six (6) sleeping beds or more will be classified as "Residential Dormitory Occupancy" and will follow the requirements in the Standard Building Code for "Residential Occupancy" and include those requirements for a dormitory.

(3) A "small" facility is one of 15 or less beds and may be residential or institutional occupancy depending on the care required.

(4) A "large" facility is one of 16 or more beds and shall be institutional occupancy.

(3) Penalties: As provided in Section 44-7-320 of the South Carolina Code of Laws of 1976, as amended, the Department may deny, suspend or revoke licenses or assess a monetary penalty for violations of provisions of law or departmental regulations. The

Department shall exercise discretion in arriving at its decision to take any of these actions. The Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or welfare; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions. The notations, "(I)" or "(II)," placed at the end of sections of this regulation indicate standards which if not met are considered Class I or II violations, respectively. Failure to meet standards not so annotated are considered Class III violations. If a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount.

Frequency of  
violation of  
standard within a  
24-month period

M O N E T A R Y   P E N A L T Y   R A N G E S

	<u>Class I</u>	<u>Class II</u>	<u>Class III</u>
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1st	\$ 200-1000	\$ 100- 500	\$ 0
2nd	500-2000	200-1000	100- 500
3rd	1000-5000	500-2000	200-1000
4th	5000	1000-5000	500-2000
5th	5000	5000	1000-5000
6th and more	5000	5000	5000

(a) Class I violations are those which the Department determines present an imminent danger to the clients of the facility or a substantial probability that death or serious harm could result therefrom. A physical condition, one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(b) Class II violations are those which the Department determines have a direct or immediate relationship to the health, safety or security of the facility's clients other than Class I violations. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(c) Class III violations are those which are not classified as serious in these regulations or those which are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(d) Violations of Section 44-7-310.A(2) **[See Note]** of the South Carolina Code of Laws of 1976, as amended, quoted below, are considered Class I violations.

***[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-320 (A)(1)(b) & (d)]***

"(2) permitting, aiding, or abetting the commission of any unlawful act relating to the securing of a Certificate of Need or the establishment,

maintenance, or operation of a facility requiring certification of need or licensure under this article;"

"(4) refusing to admit and treat alcoholic and substance abusers, the mentally ill, or mentally retarded, whose admission or treatment has been prescribed by a physician who is a member of the facility's medical staff; or discriminating against alcoholics, the mentally ill, or mentally retarded solely because of the alcoholism, mental illness, or mental retardation."

## B. Management.

(1) Application: Applications for license shall be filed on forms furnished by the Department. Licensees shall file application under oath with the Department. Licensees shall file such application annually. An application shall be signed by:

(a) the owner(s) if an individual or partnership; or

(b) in case of a corporation by two of its officers; or

(c) in case of a governmental unit by the head of the governmental department having jurisdiction over it. The application shall set forth the full name and address of the facility for which the license is sought and of the owner, the names of the persons in control of the facility and such additional information as the Department may require including affirmative evidence of ability to comply with reasonable standards, rules and regulations as may be lawfully prescribed. No proposed facility shall be named nor may an existing facility have its name changed to the same or similar name as any other health care facility licensed in the State.

(2) Licensee: A prospective licensee shall submit written evidence satisfactory to the Department that he is of reputable and responsible character. Each licensee shall be familiar with these standards and responsible for maintaining and implementing them in the facility.

### (3) Facility Management:

(a) Pursuant to the provisions of Section 40-35-10 of the South Carolina Code of Laws of 1976, as amended, each facility shall appoint an administrator, who shall be either a Qualified Mental Retardation Professional (QMRP) or a licensed nursing home administrator and, who has the necessary authority and responsibility for management of the facility. Any change in the position of the administrator shall be reported immediately by the governing board or owner to the Department in writing. (II)

(1) For facilities utilizing a Qualified Mental Retardation Professional in this capacity, such notification shall include, at a minimum, the name of the appointed individual, effective date of the appointment, the educational background, professional experience and professional certificates and/or licenses.

(2) For facilities utilizing a licensed nursing home administrator in this capacity, such notification shall include, at a minimum, the name of the appointed individual, effective

date of the appointment, and the number and expiration date of the current S.C. Nursing Home Administrator's license or written verification of an emergency license.

(b) Administrators shall be either a nursing home administrator duly licensed by the S.C. State Board of Examiners for Nursing Home Administrators and shall maintain a current license or shall be a QMRP (See Section A.(1)(t)).

(c) (1) The administrator shall have sufficient freedom from other responsibilities and shall be on the premises a sufficient number of hours to permit adequate attention to the management and administration of the facility. The Department may require that additional hours be spent in the facility whenever the Department determines that such additional hours are needed to provide adequate administrative management.

(2) The maximum number of facilities under the management of a single administrator will be determined based on the number of clients residing in the facilities, the extent of client needs and the physical location of the facilities. Facilities must be located within the same local vicinity to be managed by a single administrator. No single administrator may be responsible for more than a total of 32 beds in multiple facilities unless approved by the department.

(4) Employees:

(a) The licensee shall obtain a written application from each employee prior to employment. Such application shall contain information as to education, training, experience, health and personal background of each employee and shall remain on file. (II)

(b) No more than three months prior to employment, all new employees and volunteers who have contact with clients shall have a physical examination which shall include a tuberculin skin test, unless a previously positive reaction can be documented. The intradermal (Mantoux) method, using five tuberculin units (TU) of stabilized purified protein derivative (PPD) is to be used. Employees and volunteers with tuberculin test reactions of 10mm or more of induration shall be referred for appropriate evaluation. The two-step procedure is advisable for initial testing in those who are 55 years of age and older in order to establish a reliable baseline. (II)

(1) Employees and volunteers with reactions of 10mm and over to the pre-employment tuberculin test, those who are documented with previously positive reactions, those with newly converted skin tests and those with symptoms suggestive of tuberculosis, e.g., cough, weight loss, night sweats, or fever, regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed appropriate treatment should be given and contacts examined.

(2) There is no need to do initial or routine chest radiographs on employees or volunteers with negative tuberculin tests who are asymptomatic.

(3) Employees with negative tuberculin skin tests shall have an annual tuberculin skin test and, depending upon the test results, shall be followed as described in this regulation.

(4) New employees or volunteers who have a history of tuberculosis disease shall be required to have certification by a licensed physician that they are not contagious.

(5) Regular employees and volunteers who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician and will not be allowed to return to work until they have been declared non-contagious.

(6) Preventive treatment of new positive reactors without disease shall be an essential component of the infection control program. It shall be considered for all infected employees and volunteers who have client contact, unless specifically contraindicated. Routine annual chest radiographs of positive reactors do little to prevent tuberculosis and therefore are not a substitute for preventive treatment.

(a) Employees who complete treatment, either for disease or infection, may be exempt from further routine chest radiographic screening unless they have symptoms of tuberculosis.

(b) Positive reactors who are unable or unwilling to take preventive treatment need not receive an annual chest radiograph. These individuals must be informed of their lifelong risk of developing and transmitting tuberculosis to individuals in the institution and in the community. They shall be informed of symptoms which suggest the onset of tuberculosis, and the procedure to follow should such symptoms develop.

(7) Post exposure skin tests shall be provided for tuberculin negative employees within 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.

(8) A person will be designated at each center to coordinate tuberculosis control activities.

(c) No person infected with or a carrier of a communicable disease which may be transmitted in the work place, or having boils, open or infected skin lesions, or an acute respiratory infection shall work in any area in which client contact may occur. (II)

(d) All persons assigned to the direct care of or service to clients shall be prepared through formal education or on-the-job training in the principles, policies, procedures and techniques involved so that the welfare of the clients shall be safeguarded. (II)

(e) All new personnel shall be presented an orientation to acquaint them with the organization and environment of the facility, the employee's specific duties and responsibilities, and clients' needs. All employees shall be made familiar with the provisions of Section 43-30-10 **[See Note]** of the S.C. Code of Laws, "Client-Patient Protection Act" of 1979 and Section 44-81-10 of the S.C. Code of Laws, Act 118, Acts of 1985 Bill of Rights for Residents of Long-Term Care Facilities. Documentation of this orientation program shall be included in each employee's personnel file.

***[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 43-30-70 (now repealed) - Reference the Omnibus Adult Protection Act 43-35-5, et. seq.]***

(f) Inservice training programs shall be planned and provided for all personnel to assure understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individuals attending.

(5) Volunteer Workers: The requirements of Section (B)(4)(b) and (C) above, are equally applicable to volunteer workers who provide repeated direct client care or who are involved in any food or food related preparation and handling at the facility.

(6) Emergency Call Data: Emergency call information must be posted in a conspicuous place, at least at every control station, so as to be immediately available to personnel of the facility. Emergency call data shall include at least the following information:

(a) Telephone number of fire and police department; (I)

(b) Name, address and telephone number of all personnel to be called in case of fire or emergency; (I)

(c) Name, address and telephone number of supervisory or consulting personnel to be called; (II)

(d) Name, telephone number and address of physician on call; (I)

(e) Telephone number of poison control center. (I)

(7) Reports and Records.

(a) Accidents/Incident Reports: A record of each accident and/or incident, involving clients, staff or visitors, occurring in the facility or on facility grounds shall be retained. Accidents/Incidents resulting in death or serious injury shall be reported in writing to the Division of Health Licensing within 10 days of the occurrence.

(b) Serious injuries shall be considered as, but not limited to, fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and suspected abuse.

(c) All accidents/incidents shall be reviewed, investigated if necessary and evaluated in accordance with facility policy.

(d) Monthly Statistical Record: An accurate and up-to-date monthly statistical record shall be kept and must contain at least the following information: name; case number; age; sex; dates of admission, discharge or death; and days of care rendered during the month.

(e) The Department requires each health care facility to annually complete a questionnaire named "Joint Annual Report" and to return this report within the time period as specified in the report's accompanying cover letter.

(f) Fire Reports: A complete written report regarding every fire regardless of size or damage that occurs in the facility shall be prepared and promptly submitted to the Department within 10 days of the fire.

(8) Disaster Preparedness: Each facility shall develop, in coordination with the appropriate fire department, law enforcement agency and/or disaster preparedness agency, an appropriate written plan to provide for the evacuation and care of mass casualties which may result from natural or man-made disasters. The plan shall be rehearsed at least annually. A record of the rehearsal, including its date and time, a summary of actions and recommendations, and the names of participants shall be maintained. (II)

(9) Client Rights.

(a) The notice required by the Client-Patient Protection Act, Section 44-30-70 **[See Note]** of the S.C. Code of Laws of 1979, as amended, shall be prominently displayed.

***[Note #1: This reference, as printed in the State Register, was repealed by Act #110, 1993 - Reference the Omnibus Adult Protection Act 43-35-5, et. seq.]***

(b) The Bill of Rights for Residents of Long Term Care Facilities, Section 44-81-10 of the S.C. Code of Laws, Act 118, Acts of 1985, shall be prominently displayed. The grievance procedures required by the Act shall be posted adjacent to the notice. The facility shall have written policies and procedures which promote, enforce and protect client rights.

(10) Continuity of Essential Services: The management of each facility shall develop plans to provide for the continuation of essential client supportive services in the event of the absence from work of any portion of the work force resulting from inclement weather or other causes. (II)

C. General Policies.

(1) Number and Location of Beds.

(a) Maximum Number of Beds: No facility shall have set up or in use at any time more beds than the number specified on the face of the license. The midnight census of the facility shall not exceed the rated capacity of the license. (II)

(b) Location of Beds: Beds shall be placed at least three feet apart, and shall not be placed in corridors, solaria or other locations not designated as client room areas. (II)

(2) Client Care Policies.

(a) Client care policies shall be developed by the client care policy committee or other committee designated in facility policy to serve this function. Such committee shall include the administrator and designated professional representatives from the health care, dietary, pharmaceutical, social services and psychological areas. These policies shall be reviewed at least annually and cover at least the following: admission and transfer, dietary services, habilitation services, pharmaceutical services, physician services, nursing services, client rights and behavior management. Actual practices and procedures must be in accordance with facility policy. (II)

(b) Minutes of meetings of the client care policy committee, relating to policies, procedures or evaluations of the facility must be retained.

D. Client Care.

(1) Training and Habilitation:

(a) Each client shall receive developmental training utilizing assessment based programs to ensure achievement and maintenance of their highest level of self-care independence. Each client will be encouraged and assisted to achieve and maintain their highest level of independence. (l)

(b) Each client will be provided developmental training and/or assistance in the activities of daily living as their needs indicate. Training and assistance will be provided on a continuum of care from the basic skills of proper body alignment and joint movement to preparation for independent community living.

(2) Admissions:

(a) Admission decisions must be based on a preliminary evaluation of the client that is conducted or updated by the facility or outside sources. The preliminary evaluation must contain background information as well as currently valid assessments of functional, developmental, behavioral, social, health and nutritional needs and if the client is likely to benefit from placement in the facility.

(b) Persons admitted to the facility must have a diagnosis of mental retardation or other related condition and be in need of a continuous program of training directed toward:

(1) The acquisition of behaviors and skills needed to function with greater independence;

(2) And/or the prevention/deceleration of the loss of current functions.

(c) Within one month prior to admission, all first time clients shall have a physical examination including a two-step tuberculin skin test unless they have been documented to have been a previously positive reactor. At the time of the physical examination any applicant found to have symptoms of tuberculosis, e.g., cough, weight loss, night sweats or fever, etc., or a prior positive tuberculin skin test shall have a chest radiograph to exclude the possibility of active tuberculosis disease. In the event that the two-step tuberculin skin test cannot be provided prior to admission, it must be done no later than one month after admission. The intradermal (Mantoux) method with five tuberculin units (TU) of stabilized purified protein derivative (PPD) is to be used, unless a previously positive reaction can be documented. The two-step procedure is required for initial testing in order to establish a reliable baseline. A tuberculin skin test reaction of 10 mm. or more of induration is generally considered positive and requires further evaluation to rule out tuberculosis.

(1) Persons found to have tuberculosis disease prior to admission shall be evaluated for the risk of transmission and be prescribed appropriate treatment. A client with contagious pulmonary tuberculosis will be admitted to a facility without adequate



respiratory isolation only when the applicant has been determined to be noncontagious and certified as such by a licensed physician.

(2) Positive tuberculin test reactors shall be evaluated for treatment with preventive therapy. Annual chest radiographs are not necessary and are not a substitute for preventive therapy.

(a) In the event a course of preventive therapy is not completed, the client shall have ongoing monitoring for the presence of symptoms of tuberculosis, e.g., weight loss, anorexia, cough and fever.

(b) All persons with symptoms suggesting tuberculosis, e.g., unexplained cough, anorexia, weight loss, fever, regardless of skin test reaction size shall receive a chest radiograph within 72 hours. Those with abnormal chest radiographs and/or symptoms compatible with tuberculosis shall have sputum smear and culture examinations for acid fast bacilli.

(c) Each tuberculin positive resident shall be evaluated annually and a record shall be kept of the evaluation which documents the presence or absence of the symptoms of tuberculosis.

(3) Post exposure skin tests shall be provided for tuberculin negative residents within twelve weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.

(4) A person will be designated at each center to coordinate tuberculosis control activities.

### (3) Physician Services:

(a) An annual physical examination by a physician, physician's assistant, or nurse practitioner will be performed on each client in addition to preventive and general care as deemed necessary by the attending physician.

(b) All prescribed medications will be reviewed by the attending physician at least quarterly.

(c) Physician's progress notes will be recorded as needed and will be consistent with the observed condition of the client.

(d) Under no circumstances shall a facility restrict client, guardian or representative choice in attending physician coverage provided the physician is licensed to practice in South Carolina and agrees to provide medical services required by facility policy and applicable regulations.

(e) Each facility shall have at least one licensed physician available on call at all times.

### (4) Dental Services:

(a) When a person is admitted to a habilitation center, an oral assessment by a physician, dentist or registered nurse shall be conducted within two weeks to determine the consistency of diet which the client can best manage and the condition of gums and teeth. A written report of this assessment shall be placed in the medical record.

(b) Each habilitation center shall maintain names of dentists who can render emergency and other dental treatments. Clients shall be encouraged to utilize dental services of choice.

(c) Clients shall receive training and assistance as necessary to promote and maintain good oral hygiene.

(5) Infection Control:

(a) There shall be written policies and procedures for prevention and investigation of infections in the facility and for identifying reportable diseases.

(b) As required by the Department's Regulation 61-20, Communicable Diseases, all cases of reportable diseases and any occurrences such as epidemic outbreaks or poisonings, or other unusual occurrences which threaten the welfare, safety or health of clients or personnel shall be reported immediately to the local health director. (II)

(c) A client who has a communicable disease which poses a threat to the health or safety of other clients shall be isolated from other clients, if ordered by the attending physician. If the attending physician determines the client cannot be managed at the facility or the physical layout prohibits isolation, arrangements shall be made for transfer to an appropriate facility at the earliest practical time.

(d) When isolation precautions are implemented, appropriate signs regarding type isolation and necessary precautions shall be posted at the entrance to the client room.

(6) Oxygen.

(a) Facilities shall provide oxygen for the treatment of clients, when ordered by the attending physician. (I)

(b) When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. Cylinders shall be secured.

(7) Personal Hygiene.

(a) Each client will be assured of good personal hygiene, removal or trimming of facial hair, trimming of nails, and freedom from offensive body odors. (II)

(b) [Blank]

E. Nursing and Direct Care Services.

(1) Organization: There shall be personnel adequate in number and skill in the facility at all times when clients are present to ensure safety and supervise clients in accordance with their individual program plans. When there are no clients in the facility, a responsible staff member must be available by phone.

(a) The authority, responsibility and function of each category of personnel shall be clearly defined by facility policy. (II)

(b) Personnel shall be assigned only duties for which they are trained.

(2) Nursing Personnel: Registered or practical nurses employed by a facility must be currently and continuously licensed to practice in South Carolina during the period of their employment. A copy of this license must be maintained in the facility. Only persons so licensed may perform duties requiring a registered or practical nurse. (II)

(3) Staffing Requirements. (II)

(a) Licensed Nursing Staff: The facility must employ or arrange for licensed nursing services which are sufficient to care for the client's health needs including individuals who are determined to need 24-hour nursing care. If the facility utilizes only licensed practical nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical nurse in regard to the health aspects of the individual plans of care.

(b) Direct Care Staff (Non-licensed personnel):

(1) There must be a responsible direct care staff person on duty on a 24-hour basis (when clients are present) to respond to injuries and symptoms of illness, and to handle emergencies, in each defined residential living unit housing:

(a) Clients for whom a physician has ordered a medical care plan or;

(b) Clients who are aggressive, assaultive or security risks or;

(c) More than 15 clients; or

(d) Fewer than 16 clients within a building which has more than one control station.

(2) The responsible direct care staff person on duty must be awake on a 24-hour basis in each defined residential living unit where there are:

(a) Clients for whom a physician has ordered a medical care plan or;

(b) Clients who are aggressive, assaultive or security risks or;

(c) More than fifteen clients.

(3) There shall be at least one staff member to eight clients or fraction thereof on duty on the first and second shift and one staff member to sixteen clients or fraction thereof

on duty on the third shift. In facilities serving less than sixteen clients, there shall be one additional staff member per shift for each eight nonmobile clients or fraction thereof present in the facility.

(c) Other Professional Personnel: The facility must provide the necessary professional services required to implement each client's individual program plan.

(d) When client needs or other pertinent factors require, modification of the required staffing may be required for specific facilities by the Division of Health Licensing of the Department.

(4) Procedure Manual: A procedure manual shall be written, reviewed at least annually and revised as necessary to be in accordance with currently accepted practices. A copy shall be readily available to all personnel. The following requirements shall be specifically included and practiced:

(a) There shall be an individual program plan for each client which is developed by an interdisciplinary team that represents the professions, disciplines and services areas that are necessary to identify each client's needs and design appropriate programs. The plan must include the identified needs, specific objectives to meet these needs, and the methods and schedules for implementing the designed programs. The individual program plan must be updated and revised at least annually. (II)

(b) Administration of Medications: While the client is present in the facility, or under the direct care of the facility staff, medications shall be administered only by a physician, dentist, osteopath, podiatrist, registered pharmacist, registered nurse, licensed practical nurse, or a student nurse in an approved school of nursing under the direct supervision of a registered nurse who is the student's instructor. Self-administration of medication by clients is allowable in accordance with Section I.(4)(f). (II)

(c) Safety Precautions for Behavioral or Medical Conditions: The individual program plan and/or the physician's order shall include the length of time the precaution is to be used. Each procedure manual shall contain instruction on the specific precautions that may be used.

(1) The facility may employ safety precautions only:

(a) as an integral part of an individual program plan intended to manage and eliminate the behaviors for which the precaution is utilized; or

(b) as an emergency measure with a physician's order within 24- hours after they are applied; or

(c) as a health related protection prescribed by a physician. (I)

(2) If a client residing in a facility without 24-hour nursing personnel requires continuous physical restraint for more than 24 hours, the client must be transferred to a facility which provides the specialized services required. (I)

(d) Cleaning and Use of Equipment and Supplies:

(1) Medical equipment coming into contact with clients shall be disinfected or sterilized after each use to maintain such equipment in a clean and sanitary condition. Disposable materials and equipment shall be used by one client only, in accordance with manufacturer's recommendations and then disposed of in an acceptable manner. (II)

(2) Drinking water containers may not be used if made of porous materials unless the containers have smooth liners that can be easily cleaned. These containers/liners must be sanitized at least weekly or more often as necessary and identified for individual client care. Disposable containers must be replaced at least weekly. (II)

F. Social Services: Services shall be provided to assist all clients in dealing with social, emotional and related problems through one or more caseworkers on the staff of the facility or through effective arrangements with a social service agency staffed by persons with experience and training in social work.

(1) The facility shall have a well-defined written plan for providing social services for the clients. This shall include the policies and procedures for providing the services and job description for the designated social service staff member.

(2) If social services are provided through arrangements with a social service agency, there must be a written agreement between the facility and the agency setting forth the responsibilities of each. The agreement must insure that the agency provides social services adequate to assist all clients in the facility in dealing with social, emotional and related problems. The agency must furnish current written social evaluations and plans for meeting social needs for each client admitted to the facility. Written reports of recommendations and of services rendered must be provided the facility by the agency.

(3) A social service history shall be secured and recorded concerning each client. This history should include social and emotional factors related to the client's condition, information concerning home situation, financial resources and relationships with other people. Preferably, the pertinent social history should be obtained before or during admission. The plan for meeting the client's needs shall be developed shortly after admission in collaboration with the client, relatives, professional team members and other appropriate persons. The social service history and plan must be kept current in terms of changes in financial resources, physical condition, mental state or family situation.

(4) Social service information is confidential and is maintained in the client record. Policies and procedures must insure that the social information is available to only those professional personnel who need it in order to provide better care for the client. If a social service agency outside the facility provides the services, the social information is still maintained in the facility's client record.

G. Client Activities.

(1) The facility shall provide a regular and ongoing program of varied, meaningful activities designed to meet the needs and interest of each client and to promote his/her physical, social and emotional well-being. These activities shall include appropriate group activities and also activities for individuals with particular interests and needs. Activities

must be available to afford the opportunity for participation. Clients shall not be forced to participate in any activity. Activities provided must be in accord with the client's individual program plan.

(2) Community resources and volunteers should be utilized to the fullest possible extent.

(3) Visiting by relatives and friends shall be encouraged, with a minimum of restrictions. Visiting hours shall be flexible. Reasonable exceptions to these hours shall be granted.

(4) Space, needed supplies, and equipment shall be provided for all pertinent activities. Examples are: books, magazines, newspapers, games, arts and crafts, radio and television.

(5) If a pet therapy program is implemented, the following guidelines must be met:

(a) Pets chosen shall be free of contagious disease or sickness.

(b) Pets shall be inoculated or vaccinated as required by law, with written verification of current inoculations on file at the facility.

#### H. Therapeutic and Other Services:

(1) Therapeutic services such as physical therapy, occupational therapy and speech therapy shall be provided based on each client's individual needs. These therapies shall be provided upon the interdisciplinary team's recommendation and administered by qualified persons. A physician's order must be obtained for physical therapy evaluation and/or treatment.

(2) Psychological and behavioral management services shall be available and provided for clients as needed and recommended by the facility's interdisciplinary team.

#### I. Pharmaceutical Services:

(1) General:

(a) Pharmaceutical services shall be provided by or under the direction of a registered pharmacist currently licensed in South Carolina. Pharmaceutical services shall be provided in accordance with accepted professional principles and appropriate federal, state and local laws and regulations. (II)

(b) Facilities which maintain stocks of drugs and biologicals for dispensing to inpatients or outpatients must obtain and maintain a valid, current pharmacy permit from the State Board of Pharmaceutical Examiners. (II)

(c) Pharmaceutical services shall be provided by employment of a full-time or part-time pharmacist to administer the facility's pharmacy or pharmaceutical services shall be provided by community or institutional pharmacies. (II)

(d) There shall be written policies and procedures governing the provision of pharmaceutical services. (II)

(e) Current reference manuals such as Physicians' Desk Reference and information for the use of drugs shall be readily available to staff. (II)

(2) Medication Reviews:

(a) Facilities must employ a pharmacist or have a written agreement for the services of a consulting pharmacist. The pharmacist shall visit the facility on at least a quarterly basis and make recommendations concerning the handling, storing, and labeling of drugs. The pharmacist shall submit written reports to the administrator at least quarterly as to his/her assessment of the pharmaceutical services provided by the facility with any recommendations for improvement. A copy of this report must be retained.

(b) The pharmacist shall review the record of each client on medication for potential adverse reactions, allergies, interactions and laboratory test modifications, and advise the physician of any recommended changes in the medication regimen. This review shall be conducted quarterly at a minimum and documented within the client record. (II)

(3) Dispensing, Labeling and Storing Medications:

(a) All medications prescribed for clients of the facility must be dispensed on the orders of a physician, dentist or other person legally qualified to prescribe drugs or biologicals for human consumption. (I)

(b) The labeling of drugs and biologicals shall be based on currently accepted professional principles. Labels shall identify, at a minimum, the name of the medication or biological, strength and lot number. As appropriate, labels shall include client names and any identifying number.

(c) Client's medications shall be stored in a locked room or locked cabinet in a secured area. If drug carts are utilized for storage, they should be kept locked when not in actual use. Medications requiring refrigeration shall be kept in a refrigerator used exclusively for that purpose in the drug room, or in a locked refrigerator used exclusively for medications, or in a locked box within a multi-use refrigerator that is accessible to nursing personnel. Refrigerators shall be provided with a thermometer accurate to plus/minus 3 degrees Fahrenheit. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the labels of medications stored in those refrigerators. Keys to drug room, cabinet, refrigerator or drug cart must be under the control of a designated licensed nurse, or appropriate supervisory personnel. (I)

(d) Drugs listed in Schedule II of the Federal "Controlled Substance Act" shall be stored in separately locked permanently affixed compartments within a locked drug room, cabinet or a drug cart, unless otherwise authorized by a change in the State-Federal law pertaining to the unit dose distribution system. (I)

(e) Medications, pharmaceutical preparations and biologicals restricted to prescription use must be dispensed on an individual basis for each client and stored in their original container. Transferring between containers is forbidden. (I)

(f) Nonlegend drugs which can be purchased without a prescription such as aspirin, milk of magnesia and mineral oil, may be retained as stock in the facility for administration as ordered by the attending physician.

(g) Drug rooms and cabinets must be well-lighted and of sufficient size to permit orderly storage and preparation of medications. (II)

(h) Medications "For External Use Only" and poisons must be kept in a locked compartment and separate from other medications. Poisonous substances, such as cleaning and germicidal agents shall not be stored in drug storage areas. (I)

(i) Medication containers without labels, or which have damaged, incomplete or makeshift labels are prohibited. Medication in containers without labels must be destroyed per facility policy or returned to the pharmacy for identification. Containers with incomplete, damaged or makeshift labels must be returned to the pharmacy for relabeling. (II)

(j) Preparation of doses for more than one scheduled administration time shall not be permitted. Doses shall be administered by the qualified person who prepared them. (Exception: A licensed nurse may prepare a supply of medication for use while the client is not under the direct care of the facility. The supply shall be packaged from the client's properly dispensed supply of medication and labeled in accordance with Section I.(3)(b). The supply shall be given to the client's agent or guardian with specific instructions for administration). (II)

(k) Expired medications, biologicals, medical supplies and solutions shall be disposed of in accordance with facility policy.

#### (4) Control and Accountability:

(a) There shall be procedures for control and accountability of all drugs and biologicals throughout the facility. Records of receipt, administration and disposition of all drugs shall be maintained in sufficient detail to enable an accurate reconciliation. The pharmacist or designee shall verify that drug records are in order and that an account of all drugs is maintained. (II)

(b) All medications destroyed must be documented. Medications that have been discontinued may be placed in a "hold" box; however, there must be a written order by the attending physician for each medication in this category. Such medications must not be held beyond a 90-day period unless so ordered by the physician, but in no case held beyond the expiration date of the drug. (II)

(c) Unless specifically prohibited by the prescriber, any unused portion of a prescription may be turned over to the client on discharge from the facility in accordance with facility policy.



(d) Separate control sheets shall be maintained and checked each shift on any drugs listed in Schedule II, State and Federal "Controlled Substance Act." This record shall contain the following information: date, time administered, name of client, dose, signature of individual administering, name of physician order the drug and balances as verified by drug inventory. Unit dose systems shall comply with State and Federal Regulations. (II)

(e) Medications that are prescribed for a specific client cannot be administered to another person. (II)

(f) Self-administration of medications is allowed only upon the recommendation of the facility's interdisciplinary team and accompanied by specific written orders of the client's attending physician. (Self-administered medications shall be recorded on the medication administration records by the appropriate personnel.) (II)

(5) Stop-Order Policies: All medication orders which do not specifically indicate the number of doses to be administered or the length of time the drug is to be administered shall automatically be stopped in accordance with written policies as established by the appropriate facility committee.

(6) Medical Emergency Treatment:

(a) Facilities must have written policies and procedures outlining the necessary actions in the event of medical emergencies.

(b) A basic first aid kit and supplies shall be provided and accessible to the facility personnel.

(c) If the facility determines a need for an emergency drug kit, the following requirements shall apply:

(1) The kit shall be readily available but must be kept sealed and properly secured. (II)

(2) The kit shall contain such drugs as selected and approved by the client care committee. (II)

(3) Medication used from the kit in an emergency shall be replaced promptly by the pharmacist based on the chart order. (II)

(4) An inventory of drugs maintained in the kit shall be attached to or placed in the kit. Another inventory list shall be maintained in close proximity for quick reference. (II)

(5) The pharmacist or designee shall inspect the kit at least monthly to see that all medications are accounted for, in date and have been properly replaced when used. (II)

(6) The client care policy committee may determine that one emergency kit can be readily accessible to and adequately meet the needs of two or more client living areas. If such is the case, the action of the committee shall be incorporated into the facility's written policies, to include the location of the kit and the justification for this determination. (II)

(7) Conformance with Orders:

(a) Drugs shall be administered in accordance with orders of the attending physician, dentist or other person legally qualified to prescribe drugs or biologicals for human consumption. (Also see Sections J.(1)(g) and (h), and J.(2).)

(b) Procedures shall be established to ensure that drugs are checked against the prescriber's orders and that the dose of drug administered to that client is recorded in the client's record by the person who administers the drug. Recording shall include the drug, dosage, mode of administration, date, time and identification of the person administering the drug(s). Initials are acceptable when they can be identified readily by signatures. (I)

(8) Medication Errors and Adverse Drug Reactions: At a minimum, medication errors and adverse drug reactions shall be reported immediately to the prescriber and other personnel as required by facility policy, and an appropriate entry made in the client's medical record. (I) (Refer to Section B.(7)(b).)

J. Client Record Contents.

(1) Client Records: Adequate and complete records shall be maintained for each client. All entries shall be legibly written in ink or typed, dated and signed including title. If an entry is signed on a date other than the date it was made, the date of the signature shall also be entered. Although the use of initials in lieu of licensed nurses' signatures is not encouraged, initials will be acceptable provided such initials can be readily identified by signature on each sheet on which the initials are used, or by signature on a master list which is maintained in the record at all times. (II) A minimum client record shall include the following:

(a) Identification Data: (II)

(1) Name, county, date of birth, sex, marital status, religion, county of birth, father's name, mother's maiden name, husband's or wife's name, health insurance number, social security number, diagnosis, case number dates of care, the name of the person providing information, and the name, address and telephone number of person or persons to be notified in case of emergency.

(2) Admission agreement specifying available services and costs, and documentation of the explanation of the client bill of rights and grievance procedures.

(3) Name and telephone number of attending physician.

(4) Date and hour of admission.

(b) Consent Form: A consent form for treatment signed by the client or his or her legal representative is required.

(c) Record of Admission Physical Examination: (I)

(1) Medical history completed within one month prior to or within 48 hours after admission.

(2) Physical findings; diagnosis.

(3) Physician's orders for medication, treatment, care and diet, which must be reviewed and reordered at least once every 90 days by the physician.

(d) Individual Program Plan: An individual program plan shall be formulated or adopted within 30 days of admission. This plan shall be updated as necessary, but at least annually, to reflect the current problems and needs of each client.

(e) Social Services: A social history, psycho-social assessment, and progress notes shall be documented and updated as necessary.

(f) Activity Services: An activity assessment, and progress notes shall be documented and updated as necessary.

(g) Dietary Services: A dietary assessment, and progress notes shall be documented and updated as necessary.

(h) Nursing Care Record: Date, time dosage and method of administration of all medications and signature of nurse or qualified personnel administering. Complete record of all safety precautions including time, type, reason and authority for applying. Record of all pertinent factors pertaining to the client's condition. Date and time of all treatments and dressings. Incidents involving a client, including adverse drug reactions and medication errors. Signature of personnel and date. (l)

(i) Record of all Physicians' Visits Subsequent to Admission: Progress notes shall be entered after each visit to or by the physician. Physician's orders for medications, treatment, care and diet shall be written in ink and signed by the prescriber or his designee. (l)

(j) Special Exams and Consultations: The facility shall develop written policies and procedures regarding the acceptance of unsigned radiological, laboratory or other consultative reports requested by a physician.

(k) Discharge Summary: A discharge summary shall be available for each discharged client summarizing care and condition on discharge in accordance with facility policy.

(l) Date and hour of discharge and signature of the individual authorizing discharge and condition of discharge.

(2) Physician's Orders:

(a) All physician's orders for medication and treatment shall be recorded in the client's record, signed and dated by the physician or the nurse receiving the orders. All orders (including verbal orders) shall be signed and dated by the prescribing physician or his designee within 48 hours. (l)

(b) No one, except a licensed nurse or pharmacist, may accept verbal orders from physicians for medication or nursing treatment and care. Verbal orders in other specialized departments or services, as authorized in facility policy and procedures, may be accepted by those departments or services, e.g., orders pertaining to physical therapy may be received by a physical therapist. (I)

(3) Record Storage:

(a) Client records are the property of the facility and may not be removed therefrom except by court order. Access to the medical record shall be granted to the legal guardian or any individual appointed in writing as acting in behalf of the client.

(b) On discharge or death of a client the medical records shall be completed within 15 days and filed in an inactive file in an orderly manner. Records must be retained in a safe storage area and none shall be disposed of less than 10 years after discharge or death of a client.

(c) Facilities that microfilm before 10 years have expired must film the entire record.

(d) In the event of change of ownership all client records shall be transferred to the new owners. (II)

(e) Prior to the closing of a facility, for any reason, the facility shall arrange for preservation of records to insure compliance with these regulations. The facility shall notify the Department, in writing, describing these arrangements.

(4) Rubber Stamp Signature: Rubber stamp signatures are not permissible on orders for drugs listed as "Controlled Substances" under, Rules and Regulations Pertaining to Controlled Substances, R61-4, of the Department. The use of rubber stamp signatures is acceptable under the following strict conditions:

(a) The physician whose signature the rubber stamp represents is the only one who uses it; and

(b) The physician places in the administrative office of the facility a signed statement to the effect that he is the only one who has the rubber stamp and is the only one who will use it.

K. Vital Statistics.

(1) Vital Statistics: Facilities must fully comply with R61-19, "Rules and Regulations of the South Carolina Department of Health and Environmental Control Relating to Vital Statistics."

(2) Death Certificates: Death certificates are the responsibility of the mortician who initially attends the deceased.

L. Living Accommodations.

(1) General: Each client shall be provided clean, comfortable living accommodations. A lounge, recreation and dining area shall be provided apart from the bedroom areas. (See Section Y.(13).)

(2) Client Room Furnishings: The individual needs of each client will be considered when selecting appropriate room furnishings. The following furnishings will be available except as deemed unnecessary or contraindicated by an individual client's situation or needs.

(a) Each client shall be provided with a comfortable bed, a mattress and a pillow. Beds must be equipped with side rails when required for safety. (II)

(b) Beds shall be placed at least three feet apart. (II)

(c) There shall be at least one comfortable chair for each client.

(d) There shall be adequate individual storage space for each client's personal clothing, belongings and toilet articles.

(e) Each client shall be provided with adequate and appropriate bedroom furnishings.

(f) In semiprivate and multi-bed rooms, measures must be available to ensure personal privacy for each client.

(g) There shall be at least one fire resistant wastebasket in each client room.

#### M. Maintenance, Housekeeping and Refuse Disposal.

##### (1) Maintenance: (II)

(a) The physical plant, its component parts, facilities, and all equipment such as elevators, furnaces, sterilizers and emergency lights shall be kept in good repair and operating condition.

(b) Repairs, replacements, and painting shall be completed promptly when needed. There shall be written procedures and methods for communicating these needs to responsible facility personnel.

(c) Facility grounds shall be neat, clean and free of hazards or other nuisances. Stairs, walkways, ramps and porches shall be maintained free from accumulation of water, ice, snow or other impediments.

##### (2) Housekeeping: (II)

(a) General: A facility and its premises shall be kept neat, clean, and free of offensive odors.

(1) Accumulated waste material shall be removed daily or more often if necessary.

(2) There shall be frequent cleaning of furniture, floors, walls, ceilings, woodwork, supply and exhaust vents, lighting fixtures, windows, and other articles and surfaces.

(3) Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

(4) Dry dusting and dry sweeping are prohibited inside the facility.

(5) There shall be an effective rodent and insect control program for the facility and premises.

(6) There shall be sufficient cleaning supplies and equipment available.

(7) Facility policy shall clearly delineate housekeeping functions to be provided by personnel.

(b) Disinfection and Room Cleaning: Upon discharge or transfer of a client, all bedroom furnishings shall be cleansed and disinfected. Bed linen shall be removed and mattresses turned; if mattresses are damaged, they shall be repaired or replaced. Beds shall be made with fresh linens to maintain them in a clean and sanitary condition for each client.

(c) Cleaning Closets: All closets used for cleaning supplies and equipment and their floors, sinks, mops, buckets, wringers and other equipment shall be cleaned daily, or more often as needed. A supervisory employee shall make frequent inspections to assure compliance.

(d) Employee Locker Rooms: Employee locker rooms, if available, shall be kept in a neat, clean and sanitary condition.

(3) Refuse Disposal:

(a) Storage and Disposal: All garbage and refuse shall be deposited in suitable watertight containers. Rubbish and garbage shall be disposed of periodically and in accordance with local requirements.

(b) Refuse Containers: These containers shall be covered and stored outside on an approved platform to prevent overturning by animals, the entrance of flies or the creation of a nuisance. Garbage and trash containers shall be thoroughly cleaned as necessary to prevent the creation of a nuisance.

(c) Contaminated Dressings and Pathological Wastes:

(1) All contaminated dressings, pathological, and other similar waste shall be disposed of by incineration or other approved means. Containers for contaminated wastes shall be clearly identified as such and shall not be accessible by unauthorized persons.

(2) Dressings and other contaminated wastes may be disposed of in client rooms, only if such wastes are placed in a closed, clearly identified container, double bagged, and removed from the client room after attending the client.

(4) Linen Storage: In facilities with sixteen or more beds, there shall be a clean linen storage room and a soiled linen storage room. These storage areas shall be used solely for their intended purpose. The soiled linen storage room shall be provided with mechanical ventilation to the outside. (II)

(a) Clean Linen: (II)

(1) A supply of clean, sanitary linen shall be available at all times.

(2) Proper storage facilities shall be provided for keeping clean linen, restraints and client clothes in sanitary condition prior to use. Clean linen not stored separately shall be covered.

(3) Clean linen shall be transported in closed conveyances used only for transporting clean linen, or otherwise protected.

(b) Soiled Linen:

(1) Soiled linen, restraints and client clothes shall be kept in closed or covered containers while being collected, transported or stored and shall be stored separately from clean linen. These containers shall be cleaned and disinfected frequently. (II)

(2) All linen, restraints and client clothes from clients with infections or communicable diseases shall be placed in durable bags identified "Contaminated" and transported in these closed bags to the soiled linen holding area or laundry. (I)

(3) Soiled linen, restraints and client clothes shall be neither sorted nor rinsed in client rooms. (II)

(4) Laundry operations shall not be carried out in client rooms or where food is prepared, served or stored. (II)

(5) Laundry room floors shall be cleaned daily. The entire room, including ceilings and walls, shall be cleaned and disinfected weekly or more often as necessary to control odors and bacteria. (II)

(6) If linen chutes are used, the linen shall be enclosed in bags before placing in chute. Chutes shall be cleaned regularly. (II)

(7) Personnel shall wash their hands thoroughly after handling soiled linen, restraints and client clothes. (II)

(c) Facilities shall make arrangements for, or provide at a specified written cost, the laundering of clients' personal clothes.

N. Food Service.

(1) Approval: The kitchen and/or other food preparation centers in facilities with more than 15 beds must be inspected and approved by the South Carolina Department of Health and Environmental Control pursuant to Regulation 61-25, Food Service Establishments. (II)

(2) Food:

(a) Food Supplies: (I)

(1) All food in the facility shall be from sources approved or considered satisfactory by the health authority, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption.

(2) Grade A pasteurized fluid milk and fluid milk products, Grade A pasteurized dry milk or evaporated milk shall be used or served. Manufacturer's pasteurized dry milk standards for mixing individual servings must be observed.

(b) Food Protection: While being stored, prepared, served or transported, all food shall be protected from contamination and spoilage. Each cold storage facility used for the storage of perishable food shall be provided with an approved indicating thermometer accurate to  $\pm 3$  degrees Fahrenheit. (II)

(1) Temperatures:

(a) All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 140 degrees Fahrenheit or above) except during necessary periods of preparation and service.

(b) All perishable food shall be protected from spoilage by storage at proper temperatures.

(c) Frozen food shall be kept at such temperatures so as to remain frozen. Potentially hazardous frozen food shall be thawed at refrigerator temperatures of 45 degrees Fahrenheit or below; or under cool, potable running water (76 degrees Fahrenheit or below); or quick-thawed as part of the cooking process.

(d) Poultry and stuffings shall be heated throughout to a minimum temperature of 165 degrees Fahrenheit, with no interruption of the initial cooking process.

(e) Pork and pork products which have not been specially treated to destroy trichinae shall be thoroughly cooked to heat all parts of the meat to at least 150 degrees Fahrenheit.

(2) Storage:

(a) Containers of food shall be stored above the floor on clean surfaces, in such a manner as to be protected from splash and other contamination.



(b) Food not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination from food requiring washing or cooking.

(c) Poisonous and toxic materials shall be identified, and secured in cabinets which are used for no other purpose.

(3) Preparation:

(a) Suitable utensils shall be provided and used to minimize handling of food at all points where food is prepared.

(b) Raw fruits and vegetables shall be washed before use.

(c) Individual portions of food, once served to the resident, shall not be served again.

(3) Personnel: (II)

(a) Health and Disease Controls:

(1) While affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, no person shall work in any area of food service in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals.

(2) If the manager or person in charge of the facility has reason to suspect that any worker has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the health authority immediately.

(3) Only authorized personnel as designated by facility policy shall be allowed in the kitchen.

(b) Cleanliness: All workers shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty.

(1) All workers shall thoroughly wash their hands and arms with soap and warm water as often as may be required to remove soil and contamination.

(2) Workers shall keep their fingernails clean, reasonably short and neatly trimmed.

(3) Hair restraints shall be used by workers engaged in the preparation and service of food to keep hair from food and food-contact surfaces.

(4) Workers shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and utensil washing or food preparation areas.

(4) Food Equipment and Utensils:

(a) Sanitary Design, Construction, and Installation of Equipment and Utensils: All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable, and shall be in good repair.

(1) The food-contact surfaces of such equipment and utensils shall be accessible, easily cleanable, nontoxic, corrosion resistant and relatively nonabsorbent.

(2) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

(3) Surfaces of equipment not intended for contact with food but which are exposed to splash, food debris, or otherwise require frequent cleaning, shall be of such material and in such repair as to be readily maintained in a clean and sanitary manner.

(b) Cleanliness of Equipment and Utensils: (II)

(1) Non-food-contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition. Cooking surfaces of equipment shall be cleaned at least once a day, or more often as necessary.

(2) All kitchenware and food-contact surfaces of equipment used in storage, preparation or serving of food or drink shall be thoroughly cleaned after each use.

(3) All eating and drinking utensils shall be thoroughly cleaned and sanitized after each usage.

(4) All utensils and food-contact surfaces of equipment used in the preparation, service, display, or storage of potentially hazardous food shall be thoroughly cleaned and sanitized.

(5) Methods and Facilities for Washing and Sanitizing:

(a) Prior to washing, all equipment and utensils shall be preflushed or prescraped and, when necessary, presoaked to remove gross food particles and soil.

(b) Effective concentrations of a suitable detergent shall be used in both manual and mechanical dishwashing.

(c) When manual dishwashing is employed, an approved two compartment sink and a container of adequate length, width, and depth to completely immerse all tableware for final sanitization shall be provided and used. Equipment and utensils shall be washed in a reasonably clean detergent solution, rinsed thoroughly and sanitized by immersion for a period of at least one minute in a sanitizing solution containing:

(1) At least 50 ppm of available chlorine at a temperature not less than 75 degrees Fahrenheit; or

(2) At least 12.5 ppm of available iodine in a solution having a pH not higher than 5.0 and a temperature of not less than 75 degrees Fahrenheit; or

(3) Any other chemical-sanitizing agent which has been demonstrated to the satisfaction of the health authority.

(d) When a facility is newly constructed or extensively remodeled or when an existing structure is converted for use, an approved three-compartment sink or an approved mechanical dishwasher must be provided and used.

(e) Dish tables or drainboards, of adequate size for proper handling of soiled utensils prior to washing and for cleaned utensils following rinsing or sanitization, shall be provided.

(f) Facilities planning to use or install a mechanical dishwasher shall use a machine approved by the Department of Health and Environmental Control. When a domestic type machine in an existing facility is replaced, an approved unit must be installed. Note: Equipment not adequately sanitized in dishwashing machines must be sanitized manually.

(g) A facility which does not have adequate and effective means for cleaning and sanitizing utensils shall use single-service articles.

(6) Storage and Handling of Cleaned Equipment and Utensils: (II)

(a) Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner so as to be protected from contamination.

(b) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food-contact surfaces are protected from contamination.

(c) Utensils shall be air dried before being stored, or shall be stored in a self-draining position on suitably located hooks or racks constructed of corrosion-resistant material.

(7) All single-service articles shall be stored, handled and dispensed in a sanitary manner; these shall be used only once.

(5) Sanitary Facilities and Controls:

(a) Water Supply: The water supply shall be adequate, of a safe, sanitary quality and from an approved source. (I)

(1) Hot and cold running water, under pressure, shall be provided in all areas where food is prepared, or equipment, utensils, or containers are washed. (II)

(2) Ice used for any purpose shall be made from water which comes from an approved source; and it shall be used only if it has been manufactured, stored, transported and handled in a sanitary manner. Sanitary containers and utensils shall be provided for storing and serving ice in a sanitary manner. (I)

(3) Drinking fountains shall be of a sanitary angle jet design, properly regulated and maintained. There shall be no possibility of the mouth or nose becoming submerged. The use of "common drinking cups" is prohibited. If drinking fountains are not provided, single service cups shall be used. (II)

(b) Toilet Facilities: Each kitchen shall be provided with adequate toilet facilities. These facilities shall be located in the same building as the kitchen.

(1) Toilet facilities and fixtures shall be kept clean and in good repair.

(2) The doors of all toilet rooms located in the kitchen shall be self-closing.

(3) Toilet tissue shall be provided.

(4) Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered.

(c) Handwashing Facilities: Each kitchen shall be provided with adequate, conveniently located handwashing facilities for its workers, including hot and cold or tempered running water, handcleansing soap or detergent from an approved dispenser, and approved sanitary towels. (II)

(d) Maintenance and cleaning tools such as brooms, mops, vacuum cleaners, and similar equipment shall be maintained and stored in a way that does not contaminate food, equipment, utensils or linens and shall be stored in an orderly manner, and within a separate space or closet.

(6) Other Facilities and Operations:

(a) Floors, Walls and Ceilings: All floors, walls and ceilings shall be kept clean and in good repair.

(1) The floor surfaces in kitchens, storage, and toilet rooms shall be of smooth, nonabsorbent materials and so constructed as to be easily cleanable.

(2) The walls and ceilings of all areas in which food is prepared, or utensils or hands are washed, shall be easily cleanable, smooth, and light-colored, and shall have washable surfaces up to the highest level reached by splash or spray.

(b) Lighting: All areas shall be well lighted with at least 20 foot-candles of light.

(c) Ventilation: All kitchen, toilet and garbage areas shall be well ventilated.

(d) Housekeeping: (II)

(1) Adequate facilities shall be provided for the orderly storage of workers' clothing and personal belongings.

(2) No live birds or animals shall be allowed in any food preparation, storage or dining area.

(3) The walking and driving surfaces of all exterior areas of food service establishments shall be graded to prevent pooling and shall be kept free of litter.

(4) Only articles necessary for the operation and maintenance of the food service operation shall be stored in the food service area.

(5) The traffic of unnecessary persons through the food preparation and equipment-washing and utensil-washing areas is prohibited.

(6) No food service operation shall be conducted in any room used as living or sleeping quarters.

(7) Approval, Inspection and Enforcement:

(a) Approval: Before a center is licensed to operate under these Standards, the kitchen and/or other food preparation centers must be inspected and approved by the Department.

(b) Inspection: The Department shall inspect each facility and shall make as many inspections and reinspections as are necessary for the enforcement of these Standards.

O. Fire Protection.

(1) Arrangements for Fire Department Protection:

(a) Fire protection for all facilities shall meet all of the requirements prescribed by the State Fire Marshal's Office.

(b) Where a facility is located outside of a service area or range of a public fire department, arrangements shall be made to have the nearest fire department respond in case of fire. A copy of the agreement will be kept on file in the facility.

(2) Tests and Inspections:

(a) Fire Protection: The licensee is responsible for assuring that all standpipes, hoses, sprinkler systems, kitchen hood extinguishing systems, fire detection and alarm systems and other fire-fighting equipment are inspected and tested at least once each year or more often if necessary to maintain them in serviceable condition. Fire extinguishers shall be kept in condition for instant use, and the date of the last inspection shall be included on each fire extinguisher. Records of all other inspections shall be kept on file for a two-year period. (I)

(b) Electrical Inspection: The licensee is responsible for assuring that all electrical installations and equipment are maintained in a safe operable condition. (I)

(c) Heating, Ventilating and Air Conditioning (HVAC) Systems and Equipment: The licensee is responsible for assuring that all heating, ventilating and air conditioning equipment is maintained in a safe operable condition. The HVAC system must be inspected at least once a year, and a signed copy of the inspection report shall be

maintained at the facility. Records of deficiencies and corrections shall be maintained at the facility. (II)

(3) Special Hazards:

(a) Flammable Liquids: The storage of flammable liquids shall be in accordance with NFPA No. 30, "Flammable and Combustible Liquids Code." (I)

(b) Storage Areas: All storage areas shall be kept clean, orderly and free of trash, papers, old cloths and empty boxes. Any area exceeding 100 square feet shall not be used for storage unless it meets the requirements of these Standards (See Section S.[6][a]). Combustible materials such as mattresses, bedding and furniture shall be stored only in areas that meet the requirements of S.(5). In areas provided with a sprinkler system, a minimum vertical distance of 18 inches shall be maintained between the top of the stored items and the sprinkler heads. (II)

(c) Hoods, Vents and Ducts: Hoods, vents, ducts and removable filters installed over cook stoves and ranges, et cetera, shall be maintained clean and free of grease accumulations. An exhaust fan of the proper size shall be installed over the unit and vented to the outside. (I)

(d) When purchasing new mattresses and pillows, only those providing the maximum resistance to fire, smoke development and toxicity shall be purchased. (I)

(4) Corridor Obstructions: Halls, corridors and all other means of egress from the building shall be maintained clear and free of obstructions. (I)

(5) Exit Sign Illumination: Exit signs shall be internally illuminated at all times. (I)

(6) Corridor and Stairway Illumination: Corridors, stairs and other means of egress shall be lighted at all times with a minimum of one (1) foot candle illumination at finish floor level. (II)

(7) Plans and Training for Fires and Other Internal Emergencies:

(a) Plans: Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency a suitable written plan for actions to be taken in the event of fire and other emergencies. All employees shall be made familiar with these plans and instructed as to required action. (I)

(b) Fire Protection Training:

(1) Each employee shall receive instructions covering: (I)

(a) The fire plan.

(b) The fire evacuation plan, including routes and procedures.

(c) How to report a fire.

- (d) How to use the fire alarm system.
- (e) Location and use of fire-fighting equipment.
- (f) Methods of containing a fire.
- (g) Specific responsibilities of the individual.

(2) Records of training shall be maintained to report the date, names of participating individuals and a description of the training. (II)

(c) Fire Drills: (I)

(1) A fire drill shall be conducted for each shift at least once every three months.

(2) Records of drills shall be maintained to report the date, time, shift and names of individuals participating, a description of the drill and evaluation.

(3) Drills shall be designed and conducted to:

(a) Assure that all personnel are capable of performing assigned tasks or duties;

(b) Assure that all personnel know the location, use and operation of fire-fighting equipment;

(c) Assure that all personnel are thoroughly familiar with the fire plan;

(d) Evaluate the effectiveness of plans and personnel.

P. General: Conditions arising which have not been covered in these Standards shall be handled in accordance with the best practices as interpreted by the Department.

Q. Design and Construction. (II)

(1) General:

(a) Every facility shall be planned, designed and equipped to provide and promote the health care, welfare, and safety of each client.

(b) Each facility shall provide an attractive and comfortable atmosphere.

(2) Local and State Codes and Standards:

(a) Facilities shall comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility will be licensed unless the Department has assurance that the responsible local officials (zoning and building) sanction the licensing of the facility.

(b) The Department uses as its basic codes:\*\*

- (1) Standard Building Code
- (2) Standard Plumbing Code
- (3) Standard Mechanical Code
- (4) Standard Gas Code
- (5) National Electrical Code (NFPA 70)
- (6) Life Safety Code (NFPA 101)
- (7) S.C. DHEC Regulation 61-13, Standards for Licensing Habilitation Centers.

\*\* Check with the Department to verify current editions.

(3) Submission of Plans and Specifications:

(a) When construction is contemplated for new buildings, additions or alterations to existing buildings, buildings being licensed for the first time, or buildings changing license, plans and specifications shall be submitted to the Department for review. Such plans and specifications shall be prepared by an architect or engineer registered in the state of South Carolina and shall bear his/her respective seal and signature. These submissions should be made in three stages: Schematic, Preliminary, and Final. Construction work should not be started until approval of the "Final" construction documents or written permission to begin construction has been received from the Department. Any construction changes from the approved documents shall have approval from the Department.

(b) Schematic Plan Submission:

(1) Site plan.

- (a) Size and shape (meet and bounds) of the site.
- (b) Footprint of the proposed building and/or addition on the site.
- (c) Vehicular and pedestrian access to and on the site.
- (d) Existing utilities for or to the site.
- (e) Spot elevations and general information of the lay of the land (rivers, creeks, ridges, swamps, etc.).
- (f) Existing structures (buildings, foundations, retaining walls above and underground storage tanks, etc.).

(2) Floor Plan(s).



(a) Blocked spaces (areas) showing approximate size and relationship to other spaces.

(b) Compartmentation for smoke compartments (fire and life safety plan).

(3) Building Section:

(a) Type of construction

(b) Type of structural system

(c) Preliminary Plans Submission:

(1) Cover Sheet:

(a) Title and location of project

(b) Index of drawings

(c) Code analysis listing applicable codes

(d) Occupancy classification

(e) Type of construction

(f) Legend and notes and symbols for pertinent information.

(g) Height and area limitations and actuals based on the type of construction and the Standard Building Code.

(2) Site Plan shall include all the requirements of the schematic as well as:

(a) Vehicular movement, parking areas (total number of spaces), sidewalks, etc.

(b) Existing and proposed contours.

(c) All utilities to the facility (including water supply available for fire protection).

(3) Building Section shall include all the requirements of the schematic as well as:

(a) Complete building section showing the type of construction, floor to floor height.

(b) Type of structural system.

(c) Interior wall sections.

(4) Floor Plans:

(a) Complete plans drawn to scale with basic and overall dimensions of rooms and room designations

(b) Life safety plan showing proper delineation of rated walls (fire walls, smoke partitions, exits and exit calculations, etc.)

(c) Door swings and sizes

(d) Fixed equipment locations

(e) Details

(5) Plumbing: Fixture locations, risers and pipe chases

(6) Mechanical:

(a) Type and location of equipment

(b) Single line drawing showing supplies, returns, and exhaust.

(7) Electrical:

(a) Lighting

(b) Power

(c) Communication (fire alarm)

(d) Electrical riser diagrams

(d) Final Drawings Submission: The Final Drawings shall include a complete set of contract documents including working drawings and contract specifications to include:

(1) Site preparation and landscaping

(2) Demolition (if required)

(3) Architectural

(4) Structural

(5) Plumbing

(6) Mechanical

(7) Electrical

(8) Fire Protection (sprinkler)

(9) Separate plan for the kitchen (Large facilities)

(e) One complete set of as-built drawings shall be filed with the department.

(f) If construction is delayed for a period exceeding twelve (12) months from the time of approval of Final Drawings a new evaluation and/or approval is required.

(g) Minor Alterations and Renovations:

(1) When minor alterations are contemplated drawings and specifications, accompanied by a narrative completely describing the proposed work shall be submitted to the Department for review and approval to ensure that the proposed alterations comply with current codes and building standards.

(2) All alterations or renovations of a part of an existing licensed building, other than cosmetic (i.e. painting, wallpapering or carpeting) shall be made to conform with the requirements of the current editions of the building codes for construction of new facilities.

(3) Cosmetic changes utilizing paint, wallcovering, floor covering, etc; that are required to have a flamespread rating or other safety criteria shall be documented with copies of the documentation and certifications furnished to the Department.

(4) Any building which is being licensed for the first time will be considered "new" construction and must meet current codes.

(5) If within a twelve (12) month period any alterations or renovations costing in excess of fifty (50%) percent of the then physical market value of the building are made to an existing facility, then the entire facility shall be made to conform with the requirements of current building code editions for new facility construction and to Department standards.

(4) Location of Facility:

(a) Environment: Facilities shall be located in an environment that is conducive to the type of care and services provided.

(b) Transportation: Facilities shall be served by roads which are routinely passable and are adequate for expected volume of traffic.

(c) Parking: Facilities shall have adequate parking space to satisfy the needs of clients, staff, and visitors. Provisions must be made for handicapped parking.

(d) Access for Fire Fighting Equipment: Facilities shall maintain adequate access to and around the building for fire fighting equipment.

(5) Communication: A telephone must be provided on each floor occupied by clients and additional telephones or extensions as required to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose.

R. General Construction Requirements.

(1) General Construction Requirements: Construction shall be in accordance with the Standard Building Code for the occupancy classification of the intended clients.

(2) Fire Resistive Rating: The fire resistive ratings for the various structural components shall comply with the Standard Building Code. Fire Resistive ratings of various materials and assemblies not specifically listed in the Standard Building Code can be found in the publication entitled "Underwriters Laboratories - Building Materials List" and "Underwriters Laboratories - Fire Resistance Directory" and publications of other recognized authorities.

(3) Vertical Openings: All vertical openings shall be protected in accordance with the provisions of the Standard Building Code.

(4) Fire Walls:

(a) A building is defined by the outside walls and any interior four (4) hour fire walls and must not exceed the height and area limitations set forth in the Standard Building Code for the type of construction.

(b) An addition shall be separated from an existing building by a two (2) hour fire rated wall unless the addition is of equal fire resistive rating (for example: sprinklered and non-sprinklered areas).

(c) When an addition is to be constructed of a different type of construction from the existing building, the type of construction and resulting maximum area and height limitations allowed by the building code will be determined by the lesser of the types of construction for the building.

(d) If the addition is separated by a four (4) hour fire wall, the addition is considered as another building and the type of construction of the addition determines the maximum area and height limitations.

(5) Interior Floor Finish: Interior floor finishes, including carpeting, shall be in accordance with the Standard Building code for the type of occupancy.

(6) Ceiling Openings: Openings into attic areas and other concealed spaces shall be protected by materials consistent with the fire rating of the assembly they are penetrating.

(7) Screens: Windows, doors and openings intended for ventilation shall be provided with insect screens unless the facility is completely air conditioned and mechanically ventilated.

S. Hazardous Elements of Construction. (I)

(1) Furnaces and Boilers:

(a) Every central heating furnace and boiler in an Institutional Occupancy shall be separated from the rest of the building by walls, partitions, floor and ceiling construction having a fire resistant rating of not less than two hours.

(b) Installation of furnaces and boilers shall be in accordance with applicable NFPA standards.

(c) Combustion and ventilation air shall be taken from and discharged to the outside.

(d) Furnaces and boilers shall be properly maintained to insure safe and efficient operation.

(e) Ventilation for furnace/boiler rooms shall not be part of the recirculating air system for the rest of the building.

(2) Dampers: Smoke dampers and fire dampers shall be installed on all heating, cooling, and ventilating systems as required by NFPA 90A and these standards.

(3) Incinerators: Incinerators when used, shall conform to the requirements of the Department. When located within the licensed facility, they shall be separated from the rest of the building by walls, partitions, floor and ceiling construction having a fire resistant rating of not less than two hours. Combustion and ventilation air shall be taken from and discharged to the outside.

(4) Flammable Liquids:

(a) The storage and handling of flammable liquids shall comply with provisions of NFPA 99 "Health Care Facilities".

(b) Flammable liquids such as gasoline, oil, paints, solvents, etc. shall be stored in an outside building or in a one hour fire separated room opening to the outside. Mechanical or gravity ventilation for the room shall be taken from, and exhausted to, the outside.

(5) Storage Areas:

(a) All ceilings, floor assemblies, and walls enclosing storage areas of one-hundred (100) square feet or greater shall be of not less than one (1) hour fire resistive construction with 'C' labeled 3/4 hour fire-rated doors and frames.

(b) All storage areas shall be kept clean, orderly and free of trash.

(6) Hoods, Vents and Ducts:

(a) Hoods, vents, ducts and filters installed over cooking surfaces shall be maintained clean and free of grease accumulations.

(b) An exhaust fan of the proper size shall be installed over the cooking unit and vented to the outside. (l)

T. Fire Protection - Institutional Occupancy.

(1) Automatic Sprinklers:

(a) Facilities of Institutional Occupancy licensed under these standards shall be provided throughout with an automatic sprinkler system in accordance with NFPA 13, "Standard for the Installation of Sprinkler Systems".

(b) In new construction and renovated areas, all rooms including closets shall be sprinklered.

(2) Fire Alarms:

(a) A manual fire alarm system in accordance with provisions of NFPA 72A shall be provided. The system shall be arranged to transmit an alarm automatically to the fire department by an approved method.

(b) The alarm system shall notify by audible and visual alarm all areas and floors of the building.

(c) The alarm system shall shut down central recirculating ventilation fans that serve the area(s) of alarm origination and close the associated smoke dampers.

(d) There must be a fire alarm pull station in or near each control station.

(e) All fire, smoke, heat, sprinkler flow, or manual fire alarming devices or systems must be connected to the main fire alarm system and trigger the system when they are activated.

(3) Smoke Detectors:

(a) An approved smoke detection system shall be installed in all corridors. Such system shall be installed in accordance with applicable NFPA Standards but in no case shall the detectors be spaced farther apart than 30 ft. or more than 15 ft. from any wall. Exception: Where each client sleeping room is protected by a smoke detector(s) and detectors are provided on both sides of rated smoke-fire partitions, such corridor system shall not be required on client sleeping room floors.

(b) All smoke detectors shall be electrically interconnected to the fire alarm system as well as to the hold open devices on smoke doors and fire doors within a fire zone.

(c) Where smoke detectors are installed in all sleeping rooms, the detectors shall be connected to the fire alarm system, and have an indicator light on the corridor side of each patient room and shall provide an audible and visual alarm at the nurses' station.

(4) Smoke Detectors - Residential and Residential Dormitory Occupancy:

(a) All buildings must be equipped with approved smoke detector(s) in accordance with State Fire Marshal's requirements.

(b) Buildings with thirteen (13) or more sleeping beds must have a smoke detector in each sleeping room.

(c) Where smoke detectors are required in all sleeping rooms, the detectors shall be tied together so that when one is activated all will activate to alert all persons in the building. All smoke detectors shall be 110 volt type with battery or auxiliary power backup.

(d) All smoke detectors shall be electrically interconnected to the fire alarm system as well as to the hold open devices on fire doors within and enclosing the fire zone of alarm origin.

(5) Fire Extinguishers and Standpipes:

(a) Fire extinguishers shall be provided and so located that the travel distance from any point within the building to reach an extinguisher will not be greater than 50 feet. Extinguishers shall be sized, installed and maintained in accordance with NFPA 10 and 10A. A fire extinguisher shall be mounted at each control station. Suitable fire extinguishers shall also be installed in the kitchen, laundry, furnace room and other areas having an unusual fire hazard.

(b) Standpipes shall be installed as required by the Standard Building Code and in accordance with NFPA 14.

U. Exits.

(1) Number and Locations: (I)

(a) There shall be more than one (1) exit leading to the outside of the building on each floor.

(b) Rooms greater than 1000 sq. ft. shall have at least two exit access doors remote from each other.

(c) Exits shall be arranged so that there are no dead-end corridors or corridor pockets in excess of twenty (20) feet.

(d) Each client room shall communicate directly with an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level to a public space free of incumbrances.

(2) Corridors: (II)

(a) Corridors and passageways leading to egress stairways and/or the outside from the first story and to areas of refuge shall be a minimum of 96" in width in Institutional Occupancy or 44" in width in Residential Dormitory Occupancy or 36" in width in Residential Occupancy. Exception: Institutional occupancies licensed for the care and treatment of the mentally retarded with not more than 8 beds, and in which the movement of beds is not required to effect evacuation during a disaster, may have corridors, ramps, and passageways no less than 44" in clear width.

(b) Corridors and passageways considered as approved means of egress shall be at least seven feet and six inches (90) inches in height.

### (3) Doors: (II)

(a) Doors to client rooms (sleeping or treatment) shall be at least forty-four (44) inches wide in Institutional Occupancy or at least 32" wide in Residential or Residential Dormitory Occupancy. Exception: Institutional occupancies in which bed movement is not required to effect evacuation during a disaster may have doors not less than thirty-six inches (36") wide.

(b) Doors to exits shall be at least forty-four (44) inches wide in Institutional Occupancy or at least 36" wide in Residential or Residential Dormitory Occupancy. Exception: Institutional occupancies in which bed movement is not required to effect evacuation during a disaster may have doors not less than thirty-six inches (36") wide.

(c) Doorways from client occupied rooms or exit-access passageways to the outside of the facility shall be at least eighty (80) inches in height.

(d) The exit doors required from each floor in Institutional and Residential Dormitory Occupancy shall swing in the direction of exit travel. Doors, except those to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that obstruct traffic flow or reduce the required corridor width.

(e) If client rooms are lockable, there must be provisions for emergency entry.

### (4) Ramps: (II)

(a) At least one (1) exterior ramp, accessible by all clients, staff, and visitors shall be installed from the first floor to grade. The ramp must connect an accessible route to a loading area. The route shall be stable, firm, and relatively non-slip under all weather conditions.

(b) Exterior ramps shall not be less than four (4') feet in width.

(c) Interior ramps shall be the full width of the corridor.

(d) All ramps shall be provided with approved handrails. All handrail ends adjacent to a wall must return to the wall.

(e) The surface of a ramp shall be of non-skid materials.

(f) There must be a landing at the top and bottom of the ramp at least as wide as the ramp and a minimum of four (4') feet in length. The top landing must be level with the interior floor.

(g) The minimum length of run for any ramp cannot exceed thirty (30') feet without a landing.

(h) Maximum slope of the ramp shall be 1:12.



(i) Landings shall be provided where exterior doors swing out, as specified in the Standard Building Code. The depth of the landing shall not be less than the width of the door.

(5) Smoke Partitions - Institutional Occupancy: (II)

(a) Buildings of Institutional Occupancy must have smoke partitions having a fire resistant rating of at least one hour that limit on any story the maximum area of each smoke compartment to no more than 22,500 sq. ft., either length or width shall not exceed 150 ft. and to divide every story into at least two compartments.

(b) At least 30 net sq. ft. per occupant shall be provided on each side of the smoke partitions.

(c) Smoke partitions shall be continuous from floor slab to the underside of the floor or roof deck above through any concealed spaces such as those above ceilings and through interstitial structural and mechanical spaces and from outside wall to outside wall.

(d) Door openings in smoke partitions shall be protected with a tight fitting smoke and draft assembly having a minimum fire resistive rating of 20 minutes and shall be so labeled.

(e) Doors crossing exit access corridors shall be opposite swing with 44" leaves. Exception: Institutional occupancies licensed for not more than 8 beds and in which bed movement is not required to effect evacuation during a disaster may have a single door not less than thirty-six inches (36") wide.

(f) Doors in smoke partitions shall be self closing and shall be provided with approved door holding devices of the fail- safe type which will release the doors causing them to close when any of the following is actuated:

(1) Automatic sprinkler system

(2) Manual fire alarm system

(3) Smoke detection system

(g) Wherever possible smoke partitions shall have openings in the corridors only.

(h) Smoke partition doors and corridor openings shall have approved vision panels not exceeding the limitations of the Standard Building code for the rating of the door.

(i) Positive latching hardware is not required on cross corridor smoke doors except in partitions rated at two (2) hours or more. Center mullions are prohibited.

(j) Opposite swing smoke partition doors shall have approved astragal.

(k) When it is necessary to use a shutter in a smoke partition, it must be motor operated and self resetting or have an internal brake and counter-balance such that the shutter will close slowly so as not to injure a person caught beneath it. When the shutter

encounters an obstruction, it shall stop, but continue to close when the obstruction is removed.

(6) Stairs: Exit stairs shall conform to the requirements of the Standard Building Code. The floor on both sides of all required exit doors shall be at the same elevation for a distance at least equal to the width of the doors. The stair width shall be in accordance with the Standard Building Code.

## V. Plumbing:

### (1) Water Supply:

(a) Water Supply/Hygiene/Design and Construction: Before construction, expansion or modification of a water distribution system, application shall be made to the Department for a permit for construction. The application shall include such engineering, chemical, physical or bacteriological data as may be required by the department and shall be accompanied by engineering plans, drawings, and specifications prepared by an engineer registered in South Carolina and shall carry his/her official signature and seal. In general the design and construction of such systems shall be in accord with modern engineering practices for such installations. The department shall establish such rules, regulations and procedures or standards as may be necessary to protect the health of the public and to ensure proper operation and functioning of the system. (II)

(b) Disinfection of Water Lines: The water system for new facilities, and renovated facilities where water lines have been altered, shall be disinfected before use in accordance with the regulations of the Department. Samples shall be taken from the water system and forwarded to an approved laboratory for bacterial analysis in accordance with the Department regulations to assure adequacy of the disinfection process. (I)

(c) Quality: When an approved water supply is not available, a water supply shall be provided which meets the requirements of the Department. Prior to construction of such a water supply, the engineer shall obtain a permit to construct from the Department. Before placing the water supply into service, a final approval must be obtained from the Department. (I)

(d) Distribution: Pipe sizes shall be adequate to permit an ample flow of water to the maximum number of fixtures which may be used at any time. The water pressure should be adequate to supply a minimum of twenty (20) pounds per square inch of pressure to upper floors when the maximum number of fixtures which will be in operation at any time is supplied. (II)

### (e) Temperature Control:

(1) Hot and cold water must be supplied to fixtures which are accessible to clients for bathing and handwashing. The hot water shall be thermostatically controlled to provide a water temperature not exceeding one-hundred ten degrees (110 degrees F.) and not less than one-hundred degrees (100 degrees F.) at the fixtures.

(2) The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per bed at the above ranges.

(3) Hot water supplied to the pot washing sink in the kitchen shall be supplied at one-hundred forty degrees (140 degrees F.).

(4) If the dishwasher is used for sanitizing, then the final rinse temperature of the dishwasher shall be one-hundred-eighty degrees (180 degrees F.).

(f) Cross Connections: Cross connections in plumbing between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, laundry fixtures and fixtures of similar nature. Water shall be delivered at least two (2) delivery pipe diameters above the rim or points of overflow to each fixture, piece of equipment, or service unless protected against back siphonage by approved vacuum breakers or other approved back flow preventers. Any faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other back flow preventer installed. (II)

(g) Stop Valves: Each plumbing fixture and each piece of equipment shall have stop valves to permit repairs without disrupting service to other fixtures. In large facilities each branch to a floor shall be valved.

(2) Wastewater:

(a) Design and Construction: An approved sanitary sewerage system shall be installed and shall be maintained in proper operating condition. (I)

(1) Plans, specifications, reports and studies for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in South Carolina and shall carry his official signature and seal. (II)

(2) The design and construction of wastewater systems shall be in accordance with modern engineering practices and the rules and regulations of the Department. (II)

(3) Fixtures:

(a) Toilets:

(1) Toilets shall be provided in number ample for use according to the number of clients. The minimum requirement is one (1) toilet for every four (4) clients or fraction thereof.

(2) Grab bars of an approved type shall be provided on at least one (1) side of every toilet used by clients and shall be mounted 32-36 inches above the floor.

(3) In large facilities, separate toilet facilities and lockers shall be provided for employees.

(b) Lavatories:

(1) All handwashing sinks shall be equipped with valves which can be operated without the use of hands.

(2) A sink shall be provided at each control station and in each utility room.

(3) Separate handwashing fixtures shall be provided in the main kitchen and shall be so located that the person in charge may supervise handwashing by food service personnel. Exception: In small facilities, a separate handwashing sink is not required.

(4) Handwashing fixtures shall be provided in other service rooms and adjacent to or in all toilet rooms.

(5) A paper towel and soap dispenser shall be provided at each handwashing sink.

(c) Bathtubs or showers: There shall be at least one (1) bath tub or shower with approved grab bars for each twelve (12) licensed beds or fraction thereof in large facilities. In facilities or six (6) to fifteen (15) licensed beds, there shall be at least two (2) bath tubs or showers with approved grab bars. In smaller facilities, there shall be at least one (1).

(d) Ventilation: Each bathroom shall be mechanically ventilated to the outside with a minimum of ten (10) air changes per hour.

#### W. Electrical Requirements. (II)

##### (1) Installation:

(a) Materials including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical equipment indicated in the specifications or shown on the contract documents. All materials shall be listed as complying with applicable standards of Underwriters Laboratories, Inc. or other similarly established standards.

(b) Electrical installations shall be in accordance with the National Electrical Code and shall be tested to show that the equipment is installed and operates as planned or specified.

(c) The fire alarm system shall be tested initially by a factory-trained manufacturer's representative.

(d) At the completion of construction and before occupancy the architect or engineer shall certify that all electrical systems have been installed per specifications and have been thoroughly tested.

##### (2) Switchboards and Power Panels:

(a) Circuit breakers or fusible switches that provide disconnecting means and over-current protection for conductors connected to switchboard and panel boards shall be enclosed or guarded to provide a dead front type assembly. Over load protection devices shall be suitable for operating properly in ambient conditions.

(b) The main switchboard shall be located in a separate enclosure for maintenance, clear of traffic lanes, and in a dry, ventilated space, free of corrosive fumes or gases.

(c) In Institutional Occupancy, there must be a Life Safety Branch, separate from the Critical branch, for the exit lights, exit egress lighting, fire alarm, and staff call. These systems must conform to NFPA 70 (National Electrical Code).

(3) Panelboards:

(a) Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This does not apply to the Life Safety circuits.

(b) The directory shall be labeled to conform to the actual room designations.

(c) Clear access free, of stored materials, must be maintained to the panels.

(4) Lighting:

(a) Spaces occupied by people, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted.

(b) Switched lighting shall be provided for each client room. Switch shall be located at the door.

(c) Client rooms shall have general lighting which provides a minimum of twenty (20) foot-candles in all parts of the room.

(d) There shall be a minimum of thirty-five (35) foot-candles in areas used for reading, study or close work. Lighting in work areas shall not be less than thirty (30) foot-candles.

(e) Lighting for reading shall be provided for each client.

(f) In large facilities, at least one light fixture for night lighting shall be supplied and be switched at the door. The position of the switch in a bank of switches should be consistent room to room.

(5) Receptacles:

(a) Client Rooms: Each room shall have duplex grounded type receptacle located as follows: one on each side of the head of each bed, one for television if used and at least one on another wall.

(b) Corridors: Duplex receptacles for general use shall be installed approximately 50 ft. apart in all corridors and within 25 ft. of the ends of corridors.

(c) Ground Fault Protection:

(1) Electrical circuits to fixed or portable equipment in hydrotherapy units or other wet areas shall be provided with 5 milliampere ground fault interrupter circuits or receptacles.

(2) Ground fault interrupter receptacles shall be used on all outside receptacles and bathrooms per National Electrical Code.

(3) Ground fault interrupter receptacles or circuits shall be used at wet locations such as in or above a counter containing a sink when the receptacle is within three (3) feet of the sink.

(6) Staff Call - Large Facilities: A signal system shall be provided for each client. The system shall consist of:

(a) A call button for each bed, bathroom (reachable from the shower/tub and toilet), toilet room used by clients, and treatment/examining room.

(b) A light over each client room door visible from the corridor.

(c) A control panel at the control station showing room or bed number.

(d) Indicators in utility rooms treatment/examination rooms, medication rooms, staff lounges, and floor kitchens.

(e) Indicators and control panels shall employ an audible and visual signal.

(7) Exit Signs:

(a) Exit and exit access ways shall be identified by illuminated (electric) signs bearing the words "Exit" in letters at least six inches high. Changes in direction of exit travel shall be suitably marked by exit signs with directional arrows.

(b) Circuits: In Institutional Occupancy, illuminated exit signs shall be on a the Life Safety circuit and shall be serviced and controlled directly from the Life Safety Branch electrical panel.

(c) The illumination of the exit sign must be such that the loss of a bulb will not render the sign non-illuminated. (i.e. two or more bulbs)

(d) Exit signs shall be connected to an emergency power system.

(8) Emergency Electric Service for Large Facilities:

(a) To provide electricity during interruption of the normal electrical service an emergency generator shall be provided.

(b) Emergency electrical service shall be provided to the distribution system as follows:

(1) Illumination for means of egress and control stations.

(2) Illumination for exit signs and exit directional signs.

(3) In client care areas (duplex receptacles in corridors or in clients rooms).

(4) Staff signal system.

(5) Equipment necessary for maintaining telephone service.

(6) Elevator service that will reach every client floor when rooms are located on other than the ground floor. Throw over facilities shall be provided to allow temporary operation of any elevator for release of persons that may be trapped between floors.

(7) Fire pump.

(8) Equipment for heating client rooms and maintaining a minimum temperature of 72 degrees F.

(9) Public Restrooms

(10) Essential mechanical rooms

(11) General illumination and a receptacle in the vicinity of the generator set.

(12) Alarm systems, including fire alarm systems, water flow alarm devices, and alarms required for medical gas systems.

(c) The emergency power shall be in operation within 10 seconds after interruption of the normal electric power supply.

(d) Receptacles and switches connected to emergency power shall be distinctively marked.

(e) On site fuel storage shall have capacity to sustain generator operation for at least 24 hours.

(f) Emergency generators shall be operated weekly for at least 30 minutes and shall be operated at least monthly under load for at least 30 minutes.

(g) Logs shall be maintained of the emergency generator tests. Exception: Section W.8. does not apply to small facilities not providing electrically operated life support equipment. These facilities shall provide backup batteries for the fire alarm system, smoke detectors, exit egress lighting and exit lights.

#### X. Mechanical Requirements. (II)

(1) General:

(a) Prior to licensure of a facility all mechanical systems shall be tested, balanced and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications.

(b) Each piece of piped equipment shall be valved at the supply and return ends.

(2) Ductwork:

(a) Air handling duct systems shall meet requirements of "Installation of Air Conditioning and Ventilating Systems" (NFPA 90A).

(b) Linings in air ducts and equipment shall meet the erosion test method described in UL Laboratories Publication No. 181. These linings including coatings and adhesives and insulation on exterior surfaces of pipes and ducts in building spaces used as air supply plenum shall have a flame spread rating of not more than 25 and a smoke developed rating of not more than 50 as determined by an independent testing laboratory in accordance with ASTM Standard E-84.

(c) No HVAC supply or return grill will be placed within 3 feet of a smoke detector.

(3) Steam and Hot Water Systems:

(a) Boilers shall have the capacity based on the net ratings published by Hydronics Institute to supply the normal requirements of all systems and equipment.

(b) In large facilities, the number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler(s) shall be at least 70% of the total required capacity.

(4) Heating, Ventilating and Air Conditioning (HVAC) Systems:

(a) HVAC systems shall be designed and balanced as shown in Table 1 as applicable. Rooms and spaces included on the table are not required rooms unless required in other parts of the code. If rooms listed are provided for other reasons than code requirements, they must meet the listed standards.

(b) Design temperature range for all occupied areas shall be seventy-one degrees (71 degrees F.) minimum at winter design conditions, and eighty-one degrees (81 degrees F.) maximum at summer design conditions.

(c) Air supply and air exhaust systems shall be mechanically operated. Fans serving exhaust systems shall be located at the discharge end of the system.

(d) Outdoor intake shall be located as far as practical but in no case closer than twenty-five feet from exhaust outlets of ventilating systems, combustion equipment stacks, medical vacuum system, plumbing vent stacks or from areas which may collect vehicular exhaust or other noxious fumes.

(e) The bottom of outdoor intakes serving central systems shall be located as high as practical. If installed above the roof the opening should be at least three ft. above roof level.

(f) Corridors shall not be used to supply air to or exhaust air from any room. Exception: Air from corridors may be used to supply ventilation air via undercut doors for



toilet rooms, janitors' closets, and small electrical or telephone closets opening directly onto corridors.

(g) All central HVAC systems shall be equipped with filters providing at least 20 percent efficiency filtered air to all spaces. The filter bed shall be located up stream of the air conditioning equipment unless a pre-filter is employed. In this case the filter bed may be located down stream. Provision must be made to insure that any humidification system present does not wet the filters.

(h) Access must be provided for changing of filters.

(i) All filter efficiency ratings shall be in accordance with ASHRAE Standard 52-76. Filter frames shall be durable and carefully dimensioned and shall provide an tight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.

(j) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA 90A. All systems regardless of size which serve more than one smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically as delineated in that standard.

(k) Access for maintenance shall be provided at all dampers.

(l) Supply and Return ducts which pass through required smoke barriers and through which smoke can be transferred to another area shall be provided with dampers at the barrier controlled to close automatically to prevent the flow of air in either direction when the fan stops.

(m) Smoke dampers shall be equipped with remote control reset devices.

(n) Exhaust hoods in food preparation centers in large facilities shall have an exhaust rate of not less than 50 CFM per sq. ft. of the face area. Face area is defined for this purpose as the open area from the exposed perimeter of the cooking surfaces.

(p) Hoods over cooking ranges shall be vented to the outside. In facilities of 25 beds or more, the hood shall be equipped with grease filters, fire extinguishing systems, and heat actuated fan controls. Clean-out openings shall be provided every 20 feet in horizontal exhaust duct systems serving these hoods.

TABLE 1  
PRESSURE RELATIONSHIPS AND VENTILATION RATES  
SELECTED AREAS OF HABILITATION FACILITIES  
(See Section X.(4)(a))

AREA DESIGNATIONS	1	2	3	4	5
CLIENT ROOM	EQUAL	2	2	OPT	OPT
CLIENT AREA CORRIDOR	EQUAL	2	OPT	OPT	OPT
EXAMINATION AND TREATMENT	EQUAL	6	2	OPT	OPT
PHYSICAL THERAPY HYDROTHERAPY	NEG	6	2	OPT	OPT
TREATMENT	EQUAL	6	2	OPT	OPT
OCCUPATIONAL THERAPY	NEG	6	2	OPT	OPT
SOILED WORKROOM	NEG	10	2	YES	NO
SOILED HOLDING ROOM	NEG	10	2	YES	NO
BEDPAN ROOM	NEG	10	2	YES	YES
CLEAN WORKROOM	POS	4	2	OPT	OPT
CLEAN HOLDING ROOM	POS	4	2	OPT	OPT
TOILET ROOM	NEG	10	OPT	YES	YES
BATHROOM	EQUAL	10	OPT	OPT	OPT
JANITOR CLOSETS	NEG	10	OPT	OPT	OPT
TRASH ROOM	NEG	10	OPT	YES	NO
FOOD PREPARATION ROOM	EQUAL	10	2	OPT	NO
WARE WASHING ROOM	NEG	10	OPT	YES	NO
DIETARY DAY STORAGE	NEG	2	OPT	OPT	OPT
LAUNDRY, GENERAL	EQUAL	10	2	YES	OPT
SOILED LINEN SORTING AND STORAGE	NEG	10	OPT	YES	NO
CLEAN LINEN STORAGE	EQUAL	2	OPT	OPT	OPT
SPECIAL PROCEDURES ROOMS					
INVASIVE	POS	15	3	OPT	NO
NONINVASIVE	EQUAL	6	2	OPT	OPT
ISOLATION ROOM	SETABLE*	6	OPT	YES	NO

COLUMN 1 = AIR PRESSURE RELATIONSHIP TO ADJACENT AREAS

COLUMN 2 = MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM

COLUMN 3 = MINIMUM AIR CHANGES OF OUTSIDE AIR PER HOUR SUPPLIED TO ROOM

COLUMN 4 = ALL AIR EXHAUSTED DIRECTLY TO OUTSIDE

COLUMN 5 = AIR RECIRCULATED WITHIN ROOM BY MEANS OF ROOM UNITS

OPT = OPTIONAL

NEG = NEGATIVE

POS = POSITIVE

\* PRESSURE RELATIONSHIP CAN BE ADJUSTABLE ACCORDING TO CONDITIONS NECESSARY FOR TREATMENT.

(5) Other Piping Systems:

(a) Domestic Hot Water Systems shall comply with the following:

(1) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and amounts indicated below (plus or minus 2 degrees F.). Water temperatures shall be measured at hot water point of use or inlet to process equipment.

	CLINICAL	DIETARY	LAUNDRY
Gallons (per hour per bed)	6 1/2	4	1/2
Temperature(degrees F.)	100	140	140

(2) In large facilities, hot water distribution systems shall be of the recirculating type to insure hot water at each hot-water outlet at all times.

(3) Provisions shall be made to provide 180 degrees F. rinse water at the dishwasher.

(b) Drainage Systems: In so far as possible drainage piping shall not be installed within the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and above electrical equipment, and other critical areas. Special precautions must be made to protect these areas from possible leakage or condensation from necessary overhead piping systems.

(c) Medical Gas: Nonflammable medical gas systems and equipment used for the administration of inhalation therapy and for resuscitative purposes shall be handled and stored in accordance with the provisions of NFPA 99 "Health Care Facilities". (I)

(d) Clinical Vacuum (Suction) Systems: If used, clinical vacuum system installations shall be in accordance with the requirements of Compressed Gas Association Pamphlet P-2.I.

Y. Facilities. (II)

(1) Floor, Wall and Ceiling Material:

(a) Floors, walls and ceilings shall be constructed of, and the exposed surfaces finished with, materials that will permit frequent cleaning and disinfecting.

(b) Interior finish of walls and ceilings throughout shall be in accordance with Standard Building Code requirements. Interior finish on walls and ceilings in buildings rated "prompt" shall be class A, B, or C. Buildings rated "Slow" or "Impractical" shall be Class B or C.

(2) Draperies: All window draperies and curtains shall be flame retardant.

(3) Wastebaskets: All wastebaskets shall be of non-combustible materials.

(4) Handrails/Guardrails:

(a) Handrails shall be provided on all steps of two (2) steps or more, on stairways, ramps, and porches.

(b) All porches, walkways, and recreational areas (such as decks, etc.) which are elevated thirty (30) inches or more above grade shall have guardrails forty-two (42) inches high to prevent falls.

(c) Open guardrails shall have intermediate rails such that a six (6) inch diameter sphere cannot pass through.

(d) Ends of any handrails installed shall return to the wall.

(5) Glass in Windows and Mirrors: Where clear glass is used in windows, with any portion of the glass being less than eighteen (18) inches from the floor, the glass shall be of "safety" grade, or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent someone from injuring themselves by accidentally stepping into or kicking the glass.

(6) Client Rooms:

(a) A client room shall be an area enclosed by ceiling high walls. No room in basements shall be used for clients. In using the Standard Building Code, each client room is a separate tenancy. Each client room shall be an outside room with an outside window.

(b) Floor Area: The following requirement for floor area are the minimum. The floor area is defined as usable or net floor area and does not include wardrobes, closets, etc. or entry alcoves to a room.

(1) Private Rooms - Large facility - 100 square feet per bed.

(2) Semi-private rooms - Large facility - 80 square feet per bed.

(3) Private Rooms - Small facility - 80 square feet per bed.

(4) Semi-private Rooms - Small facility - 60 square feet per bed.

(c) Beds must be placed at least three (3') feet apart.

(d) No client room shall contain more than four (4) beds.

(e) Cubicle curtains , where provided, shall be flame-retardant.

(f) No client room shall be located more than 120 feet from the staffs' station.

(g) Window area in client rooms shall be at least one-tenth (1/10) of the floor area and at least forty (40) percent of the required window area shall be operable for ventilation. Sill height shall not exceed thirty-six (36) inches above finished floor.

(h) Storage space shall be provided in each client room for clothing, toilet articles, and personal belongings. A closet or wardrobe with at least four square feet minimum of floor space; and at least five feet of vertical hanging space shall be provided for each client.

(i) It is prohibited to require passage through a client's bedroom in order to get to another client's bedroom, or to a toilet or bath area used by clients other than the client(s) occupying the bedroom.

(7) Control Station:

(a) A control station shall be provided for each 44 beds or fraction thereof. The control station in large facilities shall be located and arranged to permit visual observation of the client corridors.

(b) There shall be at, or close by, each control station a secluded and quiet medicine preparation area having a cabinet with one or more locked sections for medications, narcotics and poisons; cabinet space; work space for preparation of medicine. A sink is recommended.

(c) The control station shall contain at least a telephone, a refrigerator and adequate space for keeping clients' charts as well as for administrative activities.

(d) A toilet with handwashing fixtures shall be provided nearby.

(8) General Storage:

(a) Each control unit shall contain separate spaces for the storage of clean linen, soiled linen, wheel chairs, and general supplies and equipment.

(b) At least ten (10) square feet per bed for general storage shall be provided.

(9) Utility Rooms - Large facilities:

(a) Soiled Utility Rooms: At least one soiled utility room per control station shall be provided which contains a clinical sink, work counter, waste receptacle and soiled linen receptacle.

(b) Clean Utility Room: At least one clean utility room per control station shall be provided which contains a work counter with handwashing sink and space for the storage and assembly of supplies for nursing procedures.

(10) Laundry - Large facilities:

(a) The laundry shall be insulated and ventilated to prevent transmission of noise, heat, steam, and odors to client areas.

(b) The laundry shall be divided into specific areas for soiled and clean linen with necessary walls and/or ventilation to prevent cross-contamination.

(11) Soiled Linen Storage - Large facilities:

(a) A soiled linen storage room shall be provided.

(b) The soiled linen room shall be designed, enclosed and used solely for that purpose, and provided with mechanical exhaust directly to the outside.

(c) The soiled linen storage room shall be of one (1) hour fire-resistive construction with "C" labelled 3/4 hour door unless contained in a separate building.

(12) Janitor's Closet - Large facilities:

(a) A janitor's closet of a minimum of twenty (20) square feet shall be provided for each nursing unit and main food preparation center.

(b) Each closet shall have a space (shelves and brackets) for the storage of supplies and equipment.

(c) Each closet shall be equipped with a mop sink or floor receptor.

(13) Recreation and Dining Areas - Large facilities: At least thirty (30) square feet per bed shall be provided for client dining and recreation.

(14) Recreation and Dining Areas - Small facilities: At least twenty (20) square feet per bed shall be provided for client dining and recreation.

(15) Elevators:

(a) Buildings having clients' facilities such as bedrooms, dining rooms, recreation areas, etc. located on other than the main floor shall have electric or electro- hydraulic elevators.

(b) In Institutional Occupancy, at least one elevator shall be installed where client beds are located on any floor other than the main entrance floor. If the facility uses hospital type beds on the floors above the main entrance floor, the elevator shall be a hospital type elevator.

(c) For facilities with more than 100 client beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(d) At least one elevator shall access all client floors.

(e) Cabs of hospital type elevators shall have inside dimensions that will accommodate a client bed and attendants, and shall be at least 5' wide by 7'6" deep. The cab door shall have a clear opening of not less than 3'8".

(f) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of 1/2 inch.

(g) Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(h) Elevator controls, alarm buttons, and telephones shall be accessible to wheel chair clients.

(i) Elevator call buttons, controls and door safety stops shall be of a type that will not be activated by heat or smoke.

(j) All elevators shall be equipped with firemen call key operated switches.

(16) Field Inspection Tests: Inspections and tests shall be made and the owner and the Department shall be furnished written certification that the installation meets the requirements set forth in this section, ANSI 17.1 (American National Standards Institute Safety Code for Elevators and Escalators), NFPA 13 (Sprinkler Systems), and S.C. State Statute 23-9-60, 23-8-30 **[See Note #1]**, and 23-45-30(g) **[See Note #2]**, and other applicable safety regulations and codes.

***[Note #1: This reference, as printed in the State Register, was repealed by Act #181, 1993]***

***[Note #2: This reference, as printed in the State Register, is incorrect. The correct reference is 23-45-30(6)]***

(17) Inspections: All elevators shall be inspected at least once a year by a recognized and responsible elevator engineer. (See Requirements in ANSI 17.1)

**Z. Kitchen Construction Requirements:**

Based on the number of beds:

- A. 2-15 beds - Residential grade kitchen
- B. 16 or more beds - Commercial grade kitchen

**(1) Residential Grade Kitchen.**

(a) Requires 3 compartment sink - each compartment of the sink shall be of sufficient size to immerse the largest cooking utensil, pot or pan. Exception: A 2-compartment sink may be used provided a method, acceptable to the Department, is available for sanitizing all pots, pans and utensils.

(b) If dishes are not chemically sanitized, they must be sanitized in a commercial grade dishwasher. The commercial dishwasher shall have a final rinse temperature of 180 degrees F. and external mounted thermometer(s).

(c) The kitchen shall have 120 square feet of floor space minimum.

(d) Any sink spray wand shall have a vacuum breaker or other antisiphoning device.

(e) A minimum 5 lb. BC fire extinguisher

(f) The stove must have a hood vented to the outside.

(g) Floors and floor coverings of all food preparation, food storage, equipment-washing and utensil-washing areas and vestibules shall be constructed of smooth durable

materials such as sealed concrete, terrazzo, ceramic tile, durable grades of vinyl or plastic, and shall be maintained in good repair. Carpeting is prohibited in food preparation, equipment-washing and utensil-washing areas and food storage areas.

(h) Walls and ceilings, including doors, windows, skylights, and similar closures shall be maintained in good repair.

(i) The walls of food preparation areas, equipment-washing and utensil-washing areas, shall have smooth, easily cleanable surfaces and such surfaces shall be washable up to at least the highest level reached by splash or spray.

(j) The ceilings of food preparation areas, equipment-washing and utensil-washing areas shall be smooth, nonabsorbent, and easily cleanable.

(k) Attachments: Light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings shall be easily cleanable and shall be maintained in good repair.

(l) At least 30 foot candles of light shall be required on all working surfaces in food preparation areas, equipment-washing and utensil-washing areas, handwashing areas, and in toilet rooms.

(m) No operation of a food service establishment shall be conducted in any room used as living or sleeping quarters. Food service operations shall be separated from any living or sleeping quarters by complete partitioning and solid, self-closing doors.

(n) Maintenance and cleaning tools such as brooms, mops, vacuum cleaners, and similar equipment shall be maintained and stored in a way that does not contaminate food, equipment, utensils, or linens and shall be stored in an orderly manner, and within a separate space or closet. (l)

(o) There must be at least one (1) handwash sink in the kitchen, separate from the three compartment sink, equipped with towel and soap dispensers.

(2) Commercial Grade Kitchen. (Ref. Regulation 61-25, Food Service Establishments):

(a) Plan Submission: Provide a separate Floor Plan showing:

(1) Location of all equipment;

(2) Make and model number of all equipment (including a thermometer schedule); all equipment must be National Sanitation Federation (NSF) approved;

(3) Garbage can wash pad on exterior;

(4) Grease interceptor;

(5) Floor drains;

(6) Separate handwash sink(s);



(7) Toilet and locker facilities for kitchen staff;

(8) Exhaust hood and duct system to the outside (hood extinguishing system required if 25 or more beds).

(b) Floors:

(1) Floor Construction: Floors and floor coverings of all food preparation, food storage, equipment-washing and utensil-washing areas, and the floors of all walk-in refrigeration units, dressing rooms, locker rooms, toilet rooms, and vestibules shall be constructed of smooth durable materials such as sealed concrete, terrazzo, ceramic tile, durable grades of vinyl or plastic, and shall be maintained in good repair. Where a dishwasher is installed, floors will be constructed with a monolithic material. Nothing in this section shall prohibit the use of anti-slip floor covering in areas where necessary for safety reasons.

(2) Floor Carpeting: Carpeting shall be properly installed, easily cleanable, and maintained in good repair. Carpeting is prohibited in food preparation, equipment-washing and utensil-washing areas, food storage areas, and toilet room areas where urinals or toilet fixtures are located.

(3) Floor Drains: Properly installed, trapped floor drains shall be provided in floors that are water-flushed for cleaning, or that receive discharges of water or other fluid waste from equipment, or in areas where pressure spray methods for cleaning equipment are used. Such floors shall be constructed only of sealed concrete, terrazzo, ceramic tile, or similar materials and shall be graded to drain. Any piped drain emptying into the floor drain from equipment must maintain the required air gap above the floor drain.

(4) Rubber mats and Duckboards: Rubber mats and duckboards shall be of such size, design, and construction as to facilitate their being easily cleaned.

(5) Floor junctures: Kitchens utilizing concrete, terrazzo, ceramic tile or similar flooring materials shall have junctures between walls and floors coved and sealed if water-flushed.

(6) Utility line installation: Exposed utility service lines and pipes shall be installed in a way that does not obstruct or prevent cleaning of the floor. In all new or extensively remodeled Kitchens, installation of exposed horizontal utility lines and pipes on the floor is prohibited.

(c) Walls and Ceilings:

(1) Maintenance: Walls and ceilings, including doors, windows, skylights, and similar closures, shall be maintained in good repair.

(2) Construction:

(a) The walls of food preparation areas, walk-in refrigeration units, equipment-washing and utensil-washing areas, and handwashing rooms or areas shall have smooth, easily cleanable surfaces and such surfaces shall be washable up to at least the highest level reached by splash or spray. Concrete blocks used for interior wall

construction in these locations shall be finished with a fine grout to close all pours in the concrete block and sealed to provide an easily cleanable surface.

(b) The ceilings of food preparation areas, walk-in refrigeration units, equipment-washing and utensil-washing areas shall be smooth, nonabsorbent, and easily cleanable.

(3) Exposed Construction: Studs, joists, and rafters shall not be exposed in walk-in refrigeration units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms, and vestibules. If exposed in other rooms or areas, they shall be finished to provide an easily cleanable surface.

(4) Utility Line installation: Exposed utility service lines and pipes shall be installed in a way that does not obstruct or prevent cleaning of the walls and ceilings. Utility service lines and pipes shall not be unnecessarily exposed on walls or ceilings in walk-in refrigeration units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms and vestibules.

(5) Attachments: Light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings shall be easily cleanable and shall be maintained in good repair.

(6) Covering material installation: Wall and ceiling covering materials shall be attached and sealed so as to be easily cleanable.

(d) Lighting:

(1) At least 30 foot candles of light shall be required on all working surfaces in food preparation areas, equipment-washing and utensil-washing areas, handwashing areas, and in toilet rooms.

(2) At least 20 foot candles of light at a distance of 30 inches from the floor shall be required in walk-in refrigeration units, dry food storage areas, and in all other areas. This shall also include dining areas during cleaning operations.

(e) Ventilation:

(1) General: All rooms shall be adequately ventilated, maintained and operated so that all areas are kept reasonably free of excessive heat, steam, condensation, vapors, smoke and fumes. Effective air recovery shall be provided as necessary. Ventilation systems shall discharge in such manner as not to create a nuisance.

(2) Special Ventilation: Intake and exhaust air ducts shall be maintained to prevent the entrance of dust, dirt and other contaminating materials.

(f) Dressing Rooms and Locker Areas:

(1) Dressing Rooms and Areas: If employees routinely change clothes within the establishment, rooms or areas shall be designated and used for that purpose and shall be kept in a clean condition. These designated rooms or areas shall not be used for food

preparation, food service and storage, or for equipment-washing and utensil-washing or storage.

(2) Locker Areas: Enough lockers or other suitable facilities shall be provided and used for the orderly storage of employee clothing and other belongings and shall be kept in a clean condition. Lockers or other suitable facilities may be located only in the designated dressing rooms or in food storage rooms or areas containing only completely packaged food or packaged single-service articles.

AA. General: Conditions arising which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.

## INDEX

### A

Accidents/Incident Reports.....	10
Activity Services .....	23
Additions .....	36
Administrator .....	7, 8, 11, 19
Admissions.....	12
Adverse Drug Reactions .....	22
Air Pressure Relationships .....	54
Animals .....	26, 32
Application.....	2, 7
Arts And Crafts.....	18
Attic .....	1
Autism .....	2
Automatic Sprinklers .....	41

### B

Bathtubs Or Showers .....	48
Beds .....	11, 25, 56
Bill Of Rights For Residents Of Long Term Care Facilities.....	11
Birds .....	32
Boilers .....	40, 52

### C

Carpeting.....	61
Ceiling Openings .....	40
Cerebral Palsy.....	2
Clean Linen .....	27
Clean Utility Room.....	57
Cleaning And Use Of Equipment And Supplies .....	16
Client Activities .....	17
Client Care Policies .....	11
Client Care Policy Committee .....	12
Client Record Contents .....	22
Client Rights.....	11
Client Room Furnishings .....	25
Client Rooms.....	56
Combustible Materials .....	34
Commercial Grade Kitchen .....	60
Communicable Disease .....	14
Communication .....	39
Conformance With Orders.....	22
Consent Form .....	22
Construction Requirements.....	40
Contaminated Dressings .....	26
Continuity Of Essential Services .....	11
Control And Accountability .....	20
Control Station .....	57

Corridor Illumination .....	34
Corridor Obstructions .....	34
Corridors .....	43

## D

Dampers.....	41
Death Certificates.....	24
Definitions And Interpretations .....	1
Dental Services .....	13
Design And Construction.....	35
Developmental Training .....	12
Dietary Services .....	23
Dining Areas.....	58
Direct Care Staff.....	15
Disaster Preparedness.....	11
Discharge Summary.....	23
Dishwasher .....	47
Dishwashing.....	30
Disinfection And Room Cleaning.....	26
Disinfection Of Water Lines.....	46
Doors.....	44
Drainage Systems.....	55
Draperies.....	55
Dressing Rooms.....	62
Drinking Water Containers .....	17
Dry Dusting .....	26
Ducts .....	34, 41
Ductwork .....	52

## E

Electrical Code .....	36, 48, 49, 50
Electrical Inspection .....	33
Electrical Requirements .....	48
Elevators .....	58
Emergency Call Data .....	10
Emergency Electric Service .....	50
Employee Locker Rooms .....	26
Employees .....	8
Epilepsy.....	2
Exceptions To Licensing Standards .....	5
Exit Sign Illumination .....	34
Exit Signs .....	50
Exits .....	43
Expired Medications .....	20

## F

Facility Grounds .....	25
Fire Alarms.....	42
Fire Dampers .....	41
Fire Drills .....	35

Fire Evacuation Plan .....	34
Fire Extinguishers .....	43
Fire Protection .....	33, 41
Fire Protection Training .....	34
Fire Reports .....	10
Fire Resistive Rating .....	40
Fire Walls .....	40
First Aid Kit .....	21
Flammable Liquids .....	34, 41
Floor Area, Client Rooms .....	56
Floor Construction .....	61
Floor Drains .....	61
Floor Finishes .....	40
Floor Plans .....	36, 37
Food Equipment And Utensils .....	29
Food Protection .....	28
Food Service .....	27
Food Service Personnel .....	29
Food Supplies .....	28
Frequency Of Violation .....	6
Furnaces And Boilers .....	40

## G

Gas Code .....	36
General Policies .....	11
General Storage .....	57
Grievance Procedures .....	11, 22
Ground Fault Protection .....	49
Guardrails .....	56

## H

Habilitation Center .....	2, 5
Handrails/Guardrails .....	56
Hazardous Elements Of Construction .....	40
Heating, Ventilating And Air Conditioning .....	33
Hoods .....	53
Hoods, Vents And Ducts .....	34, 41
Hot Water Systems .....	52, 55
Housekeeping .....	25, 32
HVAC .....	5, 33, 52, 53

## I

Identification Data .....	22
Incident Reports .....	10
Incinerators .....	41
Individual Program Plan .....	16, 18, 23
Infection Control .....	14
Initial License .....	4
Insect Screens .....	40
Inservice Training .....	10

Inspection .....	4
Interpretations .....	4
Isolation Precautions .....	14
<b>J</b>	
Janitor's Closet .....	58
Joint Annual Report .....	10
<b>K</b>	
Kitchen Construction Requirements .....	59
<b>L</b>	
Large Facility .....	5
Laundry .....	27, 57
Lavatories .....	47
License .....	4, 5, 7, 11, 15, 36
License Change .....	5
Licensed Nursing Staff .....	15
Licensee .....	2, 7
Licensing Fee .....	4
Life Safety Code .....	36
Lighting .....	49, 62
Linen Storage .....	27
Local And State Codes And Standards .....	35
Location Of Facility .....	39
Locker Areas .....	62
<b>M</b>	
Maintenance .....	25
Management .....	7
Mantoux .....	8, 12
Mattresses .....	26, 34
Maximum Number Of Beds .....	11
Mechanical Code .....	36
Mechanical Requirements .....	51
Medical Emergency Treatment .....	21
Medical Gas .....	55
Medical History .....	23
Medication Administration .....	16
Medication Containers .....	20
Medication Destruction .....	20
Medication Dispensing .....	19
Medication Errors .....	22
Medication Labeling .....	19
Medication Review .....	19
Medication Storage .....	19
Microfilm .....	24
Minor Alterations And Renovations .....	39
Mirrors .....	56
Monetary Penalty Ranges .....	6

Monthly Statistical Record .....	10
----------------------------------	----

## N

NFPA.....	2, 41, 42
NFPA 10.....	43
NFPA 101.....	36
NFPA 10A .....	43
NFPA 13.....	42, 59
NFPA 14.....	43
NFPA 30.....	34
NFPA 70.....	36, 49
NFPA 72A .....	42
NFPA 90A .....	41, 52, 53
NFPA 99.....	41, 55
No Smoking Signs.....	14
Noncompliance .....	4
Nonlegend Drugs .....	20
Non-Licensed Personnel .....	15
Nurses' Initials.....	22
Nursing And Direct Care Services.....	14
Nursing Care Record.....	23

## O

Occupational Therapy .....	18
Orientation.....	9
Ownership Change.....	5
Oxygen.....	14

## P

Panelboards .....	49
Partnership.....	7
Pathological Wastes.....	26
Penalties .....	5
Personal Hygiene.....	14
Pet Therapy Program .....	18
Pharmaceutical Services.....	18
Physical Examination .....	13, 22
Physical Therapy.....	18, 24
Physician Services .....	13
Physicians' Desk Reference.....	19
Physicians' Visits.....	23
Pillows .....	34
Plans And Training For Fires.....	34
Plumbing Code.....	36
Poisonous And Toxic Materials .....	29
Poisonous Substances.....	20
Porches .....	56
Positive Reactors, PPD.....	9
Potentially Hazardous Food .....	28
PPD .....	8, 12



Procedure Manual .....	16
Psychological And Behavioral Management Services.....	18

## Q

QMRP .....	3, 7, 8
Qualified Mental Retardation Professional .....	3

## R

Ramps.....	44
Record Storage .....	24
Records Of Training .....	35
Recreation And Dining Areas .....	58
Refuse Disposal .....	25, 26
Repairs .....	25
Restraint.....	16
Rubber Stamp Signature.....	24

## S

Safety Precautions .....	16
Sanitary Facilities And Controls .....	31
Sanitizing.....	30
Schedule II Drugs.....	19, 21
Screens .....	40
Self-Administration Of Medications .....	21
Serious Injuries .....	10
Showers .....	48
Signal System .....	50
Sink .....	30, 31, 47, 48, 50, 57, 58, 59, 60
Site Plan.....	36
Skin Tests, TB .....	8, 9, 13
Small Facility .....	5
Smoke Dampers .....	41
Smoke Detectors.....	42
Smoke Partitions .....	45
Social Services.....	17, 23
Soiled Linen .....	27
Soiled Linen Storage .....	57
Special Hazards .....	34
Speech Therapy .....	18
Sprinkler Vertical Clearance .....	34
Staffing Ratio.....	15
Staffing Requirements.....	15
Stairs .....	46
Stairway Illumination .....	34
Standard Building Code .....	5, 36, 37, 40, 43, 45, 46, 55, 56
Steam And Hot Water Systems.....	52
Stop Valves .....	47
Stop-Order .....	21
Storage Areas .....	34, 41
Storage Space .....	57

Submission Of Plans And Specifications.....	36
Suction Systems .....	55
Switchboards And Power Panels .....	48

## T

Telephone .....	39
Telephone Orders .....	24
Temperature Control .....	46
Therapeutic Services.....	18
Toilet .....	25, 26, 32, 47, 48, 50, 53, 57, 60, 61, 62
Training And Habilitation .....	12
Tuberculosis.....	8, 9, 12, 13
Tuberculosis Control Activities .....	9

## U

Utility Rooms .....	57
---------------------	----

## V

Vacuum Systems .....	55
Ventilation .....	62
Ventilation Rates .....	54
Ventilation, Bathroom .....	48
Vents .....	34, 41
Verbal Orders.....	24
Vertical Openings.....	40
Visitation.....	18
Vital Statistics.....	24
Volunteer Workers.....	10

## W

Walls And Ceilings .....	61
Wastebaskets.....	25, 55
Wastewater .....	47
Water Distribution.....	46
Water Quality .....	46
Water Supply.....	31, 46